

CATASTROPHIC LEAVE DONATIONS

- AUTHORITY:** Personnel and Salary Resolution
Various Memoranda of Understanding
County of Orange Catastrophic Leave Procedures
- RESCINDS:** Procedure Manual Item 1-3-007, dated **12/04/2018**
- FORMS:**
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| County of Orange Employee's Catastrophic Leave Request Form for Serious Medical Conditions | (HRS form) |
| County of Orange Employee's Catastrophic Leave Request Form for Other Serious Circumstances | (HRS form) |
| County of Orange Catastrophic Leave Donation for Serious Medical Conditions of Employee or Employee's Family Member | (HRS form) |
| County of Orange Catastrophic Leave Donation for Other Serious Circumstances | (HRS form) |
- PURPOSE:** To provide a method by which employees may donate balances to eligible employees who face an extended leave without pay due to a catastrophic medical condition or other serious circumstance.

I. GENERAL INFORMATION

- A. To be eligible to receive Catastrophic Leave Donations, an employee must:
1. Exhaust all accrued annual leave, sick leave, vacation, PIP, and compensatory time.
 2. Have a catastrophic medical condition or other serious circumstance, which will require the employee to be on unpaid leave for fourteen (14) days or more.
 3. Employees who receive donations under this procedure and exhaust all donated time, may request an additional donation period, subject to the above conditions.
- B. Catastrophic Leave Donations are subject to the following conditions:
1. Employees shall be provided a two-week period to submit their donations; donations received after the submission period shall not be processed.
 2. All donations are voluntary.
 3. Employees may donate vacation, compensatory, PIP, or annual leave; **employees under the AOCDS Public Safety General Unit and Public Safety Supervisory Unit cannot donate sick leave. Employees under the OCEA and OCMA bargaining units are eligible to donate up to eight**

(8) hours of health care/sick leave per fiscal year, once annual leave balances are exhausted.

4. Donations must be a minimum of two (2) hours, but cannot exceed twenty-four (24) hours; all donations must be made in whole-hour increments.
5. All donations are irrevocable.
6. Donations will be transferred on a straight hour-for-hour basis.

II. PROCEDURE

A. To apply for Catastrophic Leave Donations:

1. The employee (or designee) must complete the applicable request form and submit it to Human Resource Services (HRS) **Return-to-Work (RTW)**.
2. For a catastrophic leave request for medical reasons, attach a statement from the attending physician (on letterhead) to the request form, which includes:
 - a. The employee's need for an extended medical leave,
 - b. The nature of the illness or injury, and
 - c. The estimated period the employee will be off work, i.e. estimated date of return.
3. For catastrophic leave requests for other serious circumstances, the employee must attach a letter to the request form, which includes:
 - a. The employee's need for an extended leave,
 - b. Explanation and documentation of the "serious circumstance", and
 - c. The estimated period the employee will be off work, i.e. estimated date of return.
4. The written request for donations should be submitted four (4) weeks prior to the anticipated exhaustion date of the employee's accrued balances in order to allow for processing and avoid a lapse in pay and benefits.

B. Upon receipt of a request for Catastrophic Leave Donations, HRS **RTW** staff shall:

1. Confirm the employee's eligibility for catastrophic leave and review the submitted request forms for completeness. Incomplete request forms will be returned to the employee for revision.
2. The employee will be notified directly if their request for Catastrophic Leave Donations is not approved.
3. If approved, HRS **RTW** staff will prepare the Catastrophic Leave Donation form and send via email to the County Catastrophic Leave contact list for

County-wide distribution. An individual email will be prepared and forwarded with the Catastrophic Leave Donation form to the **Probation** Department-wide distribution **list**.

4. Prepare and deliver donations to Auditor-Controller/Central Payroll each pay period until the employee exhausts their Catastrophic Leave Donations or returns to work, whichever occurs first.
- C. Employees wishing to donate time to the eligible employee must complete the Catastrophic Leave Donation form and return it to HRS **RTW** within the two-week donation period. The completed form must include the following:
1. The donating employee's name, **Employee ID** Number, contact phone number, and Agency/Department.
 2. The number of hours of Annual Leave, Vacation, Compensatory, **Healthcare/Sick**, or PIP time he/she wishes to donate within the limitations stated in Section I, **Item B, Number.3**.
 3. The name, Department, and Class Title of the eligible employee to whom the time is being donated.
 4. The donating employee's signature indicating he/she understands his/her responsibility to have adequate balances available; the donation is irrevocable and authorizing the transfer of the donated time to the eligible employee.

REFERENCE:

[County of Orange Personnel and Salary Resolution \(Article I, Section 1, Item G - Catastrophic Leave Donation Procedures\)](#)

D. Martinez

APPROVED BY: