



City Manager's Approval: _____

THE CITY OF POMONA

ADMINISTRATIVE POLICIES AND PROCEDURES

DONATION FOR CATASTROPHIC ILLNESS

I. PURPOSE

To afford City of Pomona employees ("donors") the opportunity to assist fellow employees ("recipients") who have experienced personal and family catastrophic illness or injury which may result in the loss of income. The City provides employees with a generous leave package and encourages employees to plan and prepare for unforeseen emergencies by accruing sick leave.

II. APPLICABILITY

This Policy applies to all regular full-time City employees who have completed their initial probationary period.

III. POLICY

1. All regular full-time City employees who have completed their initial probationary period are eligible to receive catastrophic leave donations from fellow regular full-time City employees. The recipient qualifies by: (1) having been diagnosed (or an immediate family member having been diagnosed) with a catastrophic medical condition; and (2) submitting a doctor's certificate with a request form. The recipient shall not be receiving Disability Insurance, full-pay salary continuation, or any other leave provided benefit. Employees are eligible to receive catastrophic donations if they are in a reduced pay status due to a Workers' Compensation injury (i.e. receiving only temporary disability payments). Recipients will be eligible to receive leave donations only if they have exhausted all accrued sick leave, vacation time, executive leave and compensatory leave.
2. Recipients may receive a maximum of 1,000 hours of leave donations in any twelve (12) month period.

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3. Donating employees must donate a minimum of eight (8) hours of sick leave, vacation, executive leave and/or compensatory leave and will not be penalized for donating time. However, the donor's own total accrued time balance may not be reduced below 300 hours. Donor leave time is coded as catastrophic leave.
4. All medical documentation submitted to or otherwise obtained by the City of Pomona shall be made part of the employee's confidential medical file in the Human Resources Department, and shall thereafter be covered by the Privacy Act. The City of Pomona and all agents shall protect privacy and confidentiality pursuant to Federal and State laws. (Federal Privacy Act of 1974, 5 U.S.C.A 552 a, or Cal. Civil Code Section 1798 et seq., the Information Practices Act of 1977.) However, a recipient who chooses, at his/her own discretion, to make such fact or any other medical fact known to others, that the City of Pomona's guarantee of confidentiality is then compromised; and the City cannot be liable for failure to maintain such privacy and confidentiality.

V. DEFINITION OF TERMS

- A. "*Catastrophic illness or injury*" is defined as a serious illness or injury which is expected to incapacitate the employee or immediate family member for an extended period of time and which creates a financial hardship because the City employee has exhausted all accumulated leave. Catastrophic illness or injury for these purposes is further defined as a debilitating illness or injury of an immediate family member, which will result in the employee being required to take time off from work for an extended period to care for the ill family member. As a result, the employee may suffer financial hardship having exhausted accumulated leave.
- B. "*Child*" is defined as an unmarried child under the age of 18 years of age, or an unmarried child 18 years of age or older who is incapable of self-care because of a mental or physical disability.
- C. "*Donor*" is defined as a regular full-time City employee who has passed his/her initial probation or Group A or B employee and has completed a voluntary request to transfer annual leave to a fellow employee.
- D. "*Immediate Family Member*" is defined as a spouse, registered domestic partner, children, step-children, foster children, and parents.
- E. "*Pledged hours*" are defined as vacation, sick leave, executive leave and/or compensatory leave which an employee agrees to donate to another employee on catastrophic leave.
- F. "*Processing Order*" donations will be processed in the order of the date the

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application form was submitted. If one (1) or more donors donate time on the same date, the donations will be drawn in alphabetical order of the donor's last name.

- G. *"Recipient"* is defined as a current regular full-time City employee who has passed their initial probation and otherwise qualifies for catastrophic leave.
- H. *"Regular full-time employees"* are defined as current full-time City employees who have passed their initial probationary period.
- I. *"12-Month Period"* is defined as a 12-month period measured forward from the date an employee first receives donated hours.

V. PROCEDURE

A request for donations may be initiated by the employee in need, immediate family member (in case recipient is incapacitated), or any other person designated by the employee. The following process shall be followed:

A. Application Procedure:**1. Employee:**

- a. Applies for a Leave of Absence Without Pay prior to exhausting all accrued leaves.
- b. Contacts the supervisor, department representative, or the Human Resources Department and obtains the Employee Request Donation of Leave form.
- c. Meets eligibility requirements.
- d. Has qualifying illness of self or immediate family member.
- e. Provides documentation of medical diagnosis from a qualified health provider.
- f. Submits the Employee Request Donation of Leave form to supervisor or department representative.

2. Supervisor:

- a. Reviews and if appropriate approves the Leave of Absence Without Pay and processes the appropriate paperwork.
- b. Reviews the Employee Request Donation of Leave form for completeness and forwards it to the Human Resources Department.
- c. Announces need for donations to all employees during staff meetings (No individual soliciting) once Human Resources approved the request. Posts the Request for Donation notice (email by Human

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Resources) of the recipient's need for donation. Supervisors are requested to post the notice for those employees who do not have access to a computer.

- e. If the employee submits the donation form to the Department, ensure forms are forwarded to the Human Resources Department as soon as possible for processing

3. Human Resources Department:

- a. Verifies that employee has been placed on a Leave of Absence Without Pay.
- b. Determines the employee's eligibility for catastrophic leave donations.
- c. Verifies the donor's eligibility.
- d. Initiates a written communication (email message) to recipient's department and to all departments announcing the need for donations.
- e. Reviews and if appropriate approves the donation eligibility.
- f. Submits proper documentation to the Finance Department.
- g. Verifies compliance with FMLA provisions.
- h. Notifies recipient of determination.

4. Finance Department:

Works with the Time Entry Clerk from the department to credit the recipient each pay period with the necessary hours in order of donations from the Voluntary Donor Employee Form. If recipient does not utilize all donations, those donations not used will not be credited to the recipient's accrual hours, nor debited from the donor's balance.

B. Leave Donor:

1. Any regular full-time employee who has passed his/her initial probation or Group A and B employees may donate sick leave, vacation, executive leave and/or compensatory leave to an eligible recipient.
2. Donors will be permitted to donate a minimum of eight (8) hours of vacation, sick leave, executive leave and or compensatory leave, as long as the donor's combined remaining balance is 300 hours.
3. Donor names will be kept confidential.
4. The donated time shall be converted to dollars at the hourly rate of the donor. The dollars shall then be converted to sick leave at the hourly rate of the recipient of the donation. The appropriate hours of sick leave will then be credited to the recipient for use during the catastrophic leave.

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5. As needed, pledged hours shall be debited from the donor's leave balance and credited to the recipient's usable accrual balance. Once credited, the donation becomes irrevocable. If donated hours have not been credited, the donor may rescind the donated hours at any time.
6. In the event that an employee receives catastrophic leave donations related to the filing of a workers' compensation claim that is delayed or denied but is later deemed to be compensable and the employee's time off is converted to salary continuation or temporary disability, the City shall return such catastrophic donations, in all or part to the donors in the inverse order that the hours were applied.
7. Employees who are separating from City service are permitted to donate thirty (30) days prior to their date of voluntary resignation. Otherwise, employees who are separating are not eligible to donate.

C. Leave Recipients:

1. Shall provide a doctor's certification with the request form.
2. Donated time will be converted from the donor's rate of pay to the recipient's rate of pay.
3. Leave donations may not exceed 1,000 - hours in any twelve (12) month period.
4. Recipients who have had a lapse in donations and have not been receiving pay for one (1) or more months will be eligible to receive payment ONLY for any donations received as follows:
 - c. The donation cap has not been reached.
 - d. The recipient will receive payment ONLY for donations.
 - e. Payment of donations will commence from the time the donations arrive; and be paid on the next regular pay date and taxed supplementally.
 - f. Service credit and all other City benefits will be NOT be accrued. Recipient will continue to be responsible for maintaining his/her benefits in their entirety unless the City is required to maintain such benefits pursuant to the Family and Medical Leave Act.
 - g. Recipient will continue to be on a Leave of Absence Without Pay (LWOP) pay status.
5. A reduced leave schedule or intermittent use of accrued donated time may

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be utilized to accommodate a light duty schedule during extended treatment. A light duty schedule will be considered on an individual basis and must be approved by the Department Director or designee.

6. Donated time will be applied according to current City rules and regulations. Employees will comply with the appropriate leave of absence without pay provisions once they have exhausted all donated time. Refer to the respective Memorandum of Understanding.

The City of Pomona Human Resources Department reserves the right to evaluate each request. Each employee must meet the minimum requirements for this program. The intent of this Policy is not to supersede the appropriate Memorandum of Understanding and other City rules and regulations regarding employment.

CONFIDENTIAL

CITY OF POMONA

**HUMAN RESOURCES DEPARTMENT
EMPLOYEE REQUEST DONATION OF LEAVE FORM**

PART I -- EMPLOYEE'S INFORMATION

EMPLOYEE NAME: _____ TITLE: _____

DEPARTMENT/DIVISION: _____

JUSTIFICATION: _____

(Employee shall attach a report from the health care provider and include any other documentation to substantiate the request). Do not include diagnosis.

Employee's Signature

Date

DEPARTMENT DIRECTOR: PLEASE FORWARD THIS FORM ALONG WITH THE PHYSICIAN CERTIFICATION TO THE HUMAN RESOURCES DEPARTMENT

Department Director's Signature

Date

PART II -- HUMAN RESOURCES DEPARTMENT

Verification of eligibility by _____
(Print Name) (Initial) (Date)

APPROVED DISAPPROVED

JUSTIFICATION FOR DISAPPROVAL: _____

Human Resources/Risk Management Director's Signature

Date