

**CITY OF STOCKTON, CALIFORNIA
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

Subject: CATASTROPHIC ANNUAL LEAVE DONATION PROGRAM	Directive No. HR - 51	Page 1 of 5.
	Effective Date: 11/29/04	Revised From: 2/1/03

I. PURPOSE

The purpose of this policy is to establish a Catastrophic Annual Leave Donation Program that permits salary and benefit continuation for employees who have exhausted all paid sick and annual leave, compensatory time, and workers' compensation Salary Continuation paid leave.

II. POLICY

The Catastrophic Annual Leave Donation Program permits salary and benefit continuation for employees who have exhausted all paid leave due to their own serious illness or injury or due to the need to care for a seriously ill member of the employee's family. The employee's salary and benefit continuation is achieved through donations of accrued vacation time from other City of Stockton employees. This is a City Manager policy that employees can participate in on a voluntary basis. It is not subject to any grievance, administrative review, appeal, or arbitration procedure for either a donor or recipient employee.

III. DEFINITION

A catastrophic illness or injury is one that incapacitates the employee or a member of the employee's immediate family and which creates a financial hardship because the employee has exhausted all eligible leave. A family member is defined as the employee's spouse, parent, child, sibling, grandparent, or grandchild; in-laws and step-relatives.

IV. ELIGIBILITY

Recipients of donated annual leave must meet all of the following criteria to receive donated annual leave:

1. Must be a permanent (regular full time) employee.
2. Must have requested donated leave due to a catastrophic illness or injury.
3. Must have provided written verification of catastrophic illness/injury from a licensed medical practitioner.

**CITY OF STOCKTON, CALIFORNIA
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

Subject: CATASTROPHIC ANNUAL LEAVE DONATION PROGRAM	Directive No. HR - 51	Page 2 of 5.
	Effective Date: 11/29/04	Revised From: 2/1/03

4. Must have exhausted all paid leave earned pursuant to applicable City policies and other rules and regulations on annual leave, sick leave, and compensatory time off and workers' compensation salary continuation pay, if applicable.
5. Must not be on restricted sick leave status for excessive absenteeism at the time of request for donated annual leave.

V. PROCEDURES

1. The Human Resources Department will coordinate administration of the program.
2. Participation in the Catastrophic Annual Leave Donation Program is strictly voluntary.
3. Employees may only donate annual leave time in increments of eight (8) hours.
4. The maximum donation may be no more than 50% of the donor's earned leave balance.
5. All donations of annual leave must be directed to a specific employee; the hours will not be banked.
6. The maximum amount of annual leave time credited to a recipient's account each pay period shall not exceed his or her regular paid status for the affected pay period.
7. The Human Resources Department will process donations as a deduction from the annual leave balance of the donor employee upon processing of the Leave Donation Form each pay period, as needed.
8. Accrued annual leave hours shall be transferred hour-for-hour, regardless of donor and recipient having different salary ranges.
9. Once the donation request is processed and hours transferred, donations are irrevocable and not subject to grievance, review, appeal or arbitration by donor or recipient.

**CITY OF STOCKTON, CALIFORNIA
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

Subject: CATASTROPHIC ANNUAL LEAVE DONATION PROGRAM	Directive No. HR - 51	Page 3 of 5.
	Effective Date: 11/29/04	Revised From: 2/1/03

10. If the donor separates from City employment after donating, no donated annual leave will be restored to the donor's account.
11. If recipient employee is receiving Long Term Disability Benefits from a city bargaining unit plan, or any other group or personal LTD plan, they must provide that information (and the dollar amount received) to the Human Resources Department. Annual leave donations will be applied on a prorated basis each pay period to supplement the LTD benefit the employee is receiving, to bring the employee up to full salary.
12. The recipient and the donor of the Catastrophic Annual Leave Donation Program will remain confidential and such records will be retained in the Human Resources Department.

APPROVED:



MARK LEWIS, ESQ.
CITY MANAGER

**CITY OF STOCKTON, CALIFORNIA
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

Subject: CATASTROPHIC ANNUAL LEAVE DONATION PROGRAM	Directive No. <p style="text-align: center;">HR - 51</p>	<p style="text-align: center;">Page 4 of 5.</p>
	Effective Date: <p style="text-align: center;">11/29/04</p>	Revised From: <p style="text-align: center;">2/1/03</p>

**CATASTROPHIC LEAVE DONATION
REQUEST FORM
Confidential**

Employee Name _____
LAST
FIRST
MI

Job Title _____

Department _____

Work phone _____ Home Phone _____

REQUEST

I hereby request donated annual leave for continuation of full or partial salary and benefits until any donated hours are expended or until I return to work.

1. My Department Head has approved a leave of absence in relation to a catastrophic illness or injury;
2. I have (or will) exhaust all of my sick leave, vacation, and compensatory time accruals; and
3. I have (or will) exhaust workers' compensation salary continuation payments, if applicable.
4. I have attached a physician's verification of catastrophic illness or injury.
5. If I am receiving Long Term Disability benefits from a City Plan, bargaining unit plan, or any other group or personal LTD plan, I am attaching that information with the dollar amount received. I understand the Annual Leave Donation will be applied on a prorated basis each pay period, to supplement my LTD benefits, to bring me to full salary.

I have read the Catastrophic Annual Leave Donation Program Administrative Directive and I understand my request for annual leave donation, and the donors' voluntary decision to donate leave, is not subject to grievance, administrative review, appeal or arbitration procedure by either the donor or recipient employee.

 EMPLOYEE SIGNATURE DATE

 DEPARTMENT HEAD SIGNATURE DATE

**CITY OF STOCKTON, CALIFORNIA
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

Subject: CATASTROPHIC ANNUAL LEAVE DONATION PROGRAM	Directive No. HR - 51	Page 5 of 5.
	Effective Date: 11/29/04	Revised From: 2/1/03

**VOLUNTARY CATASTROPHIC LEAVE
DONATION FORM
Confidential**

I hereby donate _____ hours (8 hour increments) of annual leave to _____ (Employee/Recipients Name) for the continuation of salary and benefits while he/she is absent from work due to catastrophic illness or injury and all his/her paid leave has been exhausted.

I have read the Catastrophic Annual Leave Donation Program Administrative Directive, and I understand my decision to donate Annual Leave is voluntary, and is not subject to grievance, administrative review, appeal or arbitration procedure by either a donor or recipient employee. Once the donation request is processed and hours transferred, donations are irrevocable and not subject to grievance, review, appeal or arbitration by donor or recipient.

EMPLOYEE SIGNATURE DATE

Donated annual leave does not require Department Head signature

Submit original signed and completed form to the Human Resources Department. Questions regarding this program should be directed to the Human Resources Department – Benefits Division at 937-8640.

Donations of annual leave are not considered tax deductible