CITY OF GRAND PRAIRIE
HUMAN RESOURCES POLICIES AND PROCEDURES

Section C: **EMPLOYEE BENEFITS**
No. 16 **Catastrophic Leave Donation Policy**
Revised and Approved: **07-29-2022**

1.0 Purpose:

1.1 This policy establishes guidelines for administration of the City's catastrophic leave donation program for employees who experience a qualifying catastrophic illness or injury.

2.0 Scope:

2.1 All regular, fulltime employees who have completed six months of full-time employment are covered by this policy.

3.0 Definitions:

3.1 "**Catastrophic Illness or Injury**" means a severe life-threatening or severe life-debilitating personal, non-job-related illness, injury, impairment, or physical or mental condition that involves a critical condition resulting in incapacity and continuing treatment by a health care provider. Examples include, but are not limited to, cancer treatment/chemotherapy, transplants, major non-elective surgery which if not done could create severe debilitating/life-limiting outcomes, serious accidents requiring substantial recovery, heart attacks, long-term hospitalization or other situations that pose a threat to life, limb or which would otherwise limit major life activity. Short term conditions requiring treatment and recovery (for example, occupational or physical therapy, common/routine surgeries even if major, common illnesses/injuries, childbirth, broken bones, non-catastrophic illnesses) are not considered "catastrophic" under this policy.

3.2 "**Donated leave"** referenced herein may only be in the form of vacation hours.

4.0 Procedures

4.1 Employees eligible for donations must have:

a. demonstrated a positive attendance record without evidence of excessive use, misuse or a pattern of leave use.
b. exhibited strong job performance and does not have any substantial disciplinary action (PIP, suspension, etc.) in the file for the past 12-month period;
c. less than 40 hours on the books of any available leave balance and need more than 40 hours.
d. submitted a completed Catastrophic Leave Donation Request form (Appendix A).

4.2 Donation requests are:

a. submitted by the employee through their Division Manager, Assistant Director and/or Director who shall review the request, and determine if the employee initially qualifies based on the 6-month requirement, performance, and attendance records;
b. forwarded from the department (after initial review) to Human Resources, if approved, to ensure condition qualifies and, if so, for solicitation and application of donations;
c. coordinated by Human Resources with payroll and the department to track donations received and applied until any maximum has been reached or the employee returns.

4.3 The city may provide donated time, if warranted, justified and eligible, to allow up to 12 total work weeks off in a calendar year for a catastrophic condition and following exhausting of all other leave. Time needed beyond 12 weeks for catastrophic conditions may be reviewed on a case-by-case basis.

4.4 When soliciting donations, Human Resources shall not disclose the employee name, department

or division from which there is a request. Solicitations may be requested and donated via email.

4.5 Donations received are:

a. Limited to 100 donation hours given by an employee per calendar year;
b. Applied to the requesting employee's balance on a per-pay period basis-not in bulk. An assessment is made each pay period as to the number of hours needed for the employee to return to work;
c. Not to be taken from the donating employee's balance until needed;
d. In hours only and have no monetary value;.
e. Counted toward FML if FML is in effect.

4.6 Employees unable to return to work after receiving donated leave should consult with Human Resources to consider options that may be available to them such as Long-Term Disability and TMRS retirement as early as possible to expedite the application and review process.

4.7 Human Resources shall work closely between the department and payroll to track and apply donations received for purposes of payroll and processing.

5.0 Appendix

5.1 Catastrophic Leave Donation Request Form

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CATASTROPHIC LEAVE DONATION REQUEST

Employee Name: _____ Employee ID: _____

1. Describe the need for leave and why you believe it qualifies under policy?

2. Is this a result of an on-the-job injury? Yes ☐ No ☐

3. Have been employed for six months in a fulltime position with the city? Yes ☐ No ☐

4. Do you or will you have less than 40 hours of available leave balances (in total) on the books by the next pay period? Yes ☐ No ☐

5. When did you first begin to miss work due to this catastrophic condition?_____

6. Is this condition, injury or impairment:
   a. Life-threatening?
   b. Severe and debilitating which would limit life/limb or major life activity if not treated?
7. Have you provided a doctor's statement to Human Resources to support this need and the qualifying condition which complies with the definition? Yes ☐ No ☐

8. What date does your treating doctor expect your return to work in part- or full-time capacity? _____

9. How much leave is needed?_____

10. Did you attach a doctor's statement to justify your need to be off work? Yes ☐ No ☐

I certify my request qualifies under policy, and that my answers to the questions above are true, correct and supported by a physician. I understand and agree to all provisions in the Catastrophic Leave Donation Policy and, if approved, donations received are only applied on a per pay period basis and not guaranteed into the future. I may be required to provide additional information as needed to validate future donations.

Employee Signature _____ Date _____

I have considered the request and confirm the employee has been employed for at least 6-months, has a strong attendance record and has no major discipline in the file during the past one-year period. ☐Yes ☐No

Division Mgr/Asst Dir/Director _____ Date _____

For HR Use only:
Condition and Doctor information complies with definition of Catastrophic? ☐Yes ☐No
Leave Balance Available: SL: VA: Personal/Banked Holiday: Comp:
Donation Requested Date: _____