



CALAVERAS COUNCIL
of GOVERNMENTS

Catastrophic Leave Program/Donation Policy

Policy

Calaveras Council of Governments recognizes that employees may have a family emergency or a personal crisis that causes a severe impact to them resulting in a need for additional time off in excess of their available sick/personal time. To address this need all eligible employees will be allowed to donate sick/personal time from their unused balance to their co-workers in need in accordance with the policy outlined below. This policy is strictly voluntary.

Guidelines

Employees who would like to make a request to receive donated sick/personal time from their co-workers must have a situation that meets the following criteria:

Family Health Related Emergency- Critical or catastrophic illness or injury of the employee or an immediate family member that poses a threat to life. Immediate family member is defined as spouse, domestic partner, child, parent or other relationship in which the employee is the legal guardian or sole caretaker.

Other Personal Crisis- A personal crisis of a severe nature that directly impacts the employee. This may include a natural disaster impacting the employee's primary residence such as a fire or severe storm.

Donors must meet the following conditions:

- Be in active service and have served at least one year.
- Must maintain at least ten (10) days' worth of both sick leave and vacation leave on the books.
- Donating employee has not been counseled for excessive absenteeism or sick leave abuse within the past 12 months.

- Transfer requests must be in writing to the Executive Director. Such requests shall provide the number of hours to transfer, signature authority for the transfer, and acknowledgment that the transfer of times is irrevocable.
- All donations are confidential.

Procedure

Employees who would like to make a request to receive donated sick/personal time are required to complete a Donation of Sick/Personal Time Request Form which includes authorization to present their request to the employees of Calaveras Council of Governments for the sole purpose of soliciting donations.

Employees who wish to donate sick/personal time to a co-worker in need must complete a Donation of Sick/Personal Time Form.

All forms should be returned to the Executive Director.

Approval

Requests for donations of sick/personal time must be approved by the Executive Director.



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Leave Donation Transfer Request Form

Employee Name: _____

Employee receiving donation: _____

Number of Vacation Hours: _____

Number of Sick leave Hours: _____

I acknowledge that this transfer of sick leave or vacation time is irrevocable.

Employee Signature

Date