Emery County School District

Policy: GECD—Catastrophic Leave

Date Adopted: 7 September 1988
Current Review / Revision: 5 September 2018

The Emery County School District will establish and manage a Catastrophic Leave Pool (the Pool) from which eligible employees may request leave under the conditions and restrictions outlined below.

Contributing Year: Employees who wish to participate in the Pool shall be required to contribute one (1) day (or comparable hours) of their available sick leave to the Pool. This contribution must be made each year during the thirty (30) day insurance open enrollment period by submitting the appropriate form to the Payroll Office.

Non-Contributing Year: If the Pool has a substantial balance of days remaining at the end of the academic year, the Committee may agree to suspend the contribution requirements for one year. Any eligible employee who did not participate in the program the previous year but who desires to participate in the bank during the non-contributing year will be required to donate one (1) day or comparable hours to initiate eligibility by submitting the appropriate form to the Payroll Office.

Once membership is established according to the procedures above, it is continuous unless the employee requests to terminate membership by submitting a written request to the Payroll Office. Only employees who have contributed to the Pool are eligible to receive consideration. Employees must have used all vacation leave, all personal leave, and all comp time but may reserve five (5) days of sick leave before they are eligible to draw from the Pool.

The Catastrophic Sick Leave Bank Committee (the Committee) consists of two (2) members of the Emery Education Association, two (2) members of the Emery Classified Association and two (2) members of the Emery Administrators Association, with the Business Administrator serving as one of those members and as facilitator for the committee. At least four (4) committee members with at least one (1) representative from each of the above associations must be present before the committee can take action. The Committee will develop guidelines for determining the granting of leave from the Pool. Under no circumstance will the Committee be allowed to approve leave that exceeds the amount available in the Pool.

All requests to withdraw leave from the Pool are made by submitting an official application.

Only severe, extended illness and catastrophic medical problems of an employee or immediate family member will be considered for leave withdrawals from the Pool. Immediate family member is defined as spouse, son, daughter, father, mother, sister, brother, grandmother, and grandfather. Life-threatening illness or severe accidents requiring extended recovery periods will be given first priority. The Committee will not consider applications for leave due to elective surgery, common colds, the flu, cosmetic procedures, sprains, strains or tears, follow-up appointments or other short-term or common conditions, except in cases where critical complications occur.

The Committee will not consider applications for leave from employees during their first 90 days of participation in the Pool.

The Pool will not be used for injuries covered by Workers Compensation insurance or other conditions covered by Disability insurance.

Employees who use more than 8 days of leave from the Pool, and then return to work, must remain in the Pool and donate one day of leave each year for the remainder of their employment, or until they have returned the number of days used. This day of leave will be donated even during non-contributing years, as defined above.

Generally, an employee may be granted a maximum of 90 days of leave from the Pool, per illness or condition. Additional days, up to 30 (for a total of 120 days of leave, per illness or condition), may be granted if the employee has used an equal or greater number of her/his own sick leave days on the same illness or condition.

The Pool will have a lifetime maximum of 150 days of leave per employee.

In all leave requests, whether for the participating employee or for an immediate family member, the Committee reserves the right to approve, deny, or to approve only a portion of the leave days requested.

The Committee is also authorized to meet and make decisions regarding requests for reinstatement of personal leave days in the event an employee experiences a catastrophic medical condition. This may or may not coincide with an application for catastrophic leave.

Emery County School District

Catastrophic Leave Enrollment Form

This form remains in effect until revoked in writing

Name: _____

Work Location: _____

Job Title: _____

Job Classification: _____
(Administrative, Licensed, or Classified)

By signing below, I agree to the following:

1. I have read and understand District Policy GEC—Leaves and Absences, regarding the Catastrophic Sick Leave Bank, and agree to donate one day (or comparable hours) of my allotted leave to the bank beginning with the current fiscal year and continuing each fiscal year thereafter until revoked by me in writing.

2. I understand that by donating to the bank, I am eligible to apply for catastrophic leave from the bank to cover absences caused by catastrophic illnesses for myself, or for immediate family members who are suffering from a catastrophic illness or condition. I understand that the granting of catastrophic leave is not guaranteed.

3. I understand that in order to apply for leave from the bank, I must first use all of my personal leave, compensatory leave (if applicable), vacation leave (if applicable), and sick leave balance, with the exception of five (5) days of sick leave, prior to being eligible.

4. I understand that in order to apply for leave from the bank, I will be required to provide all documentation listed on the application to support my request.

5. I also understand that the bank is not for short-term illnesses and that the Catastrophic Leave committee will determine the granting of leave from the bank.

_____ _____

Employee Signature Date

Emery County School District

Catastrophic Leave Application for Use

Name: _____ Position: _____

Work Location: _____ Date: _____

Requesting Leave for the Illness of: Self / Family Member Relationship to Family Member: _____

Nature of Illness (Brief Summary): _____

_____

_____

_____

Last Day Worked: _____ Anticipated Date of Return: _____

Number of Days of Catastrophic Leave Requested: _____ (Estimate if unsure)

Required Documentation: Only severe, extended illness and catastrophic medical conditions will be considered for leave. Planned procedures will not normally be considered. Exceptions will require substantiation of the "severe, extended, and catastrophic" criteria. A friend or family member can help gather or submit this documentation as needed. Each of the following documents must be attached to the application before it will be considered:

1. A list of when you expect to use the requested leave days (beginning / end date is appropriate for consecutive leave).
2. Physician's note verifying the nature and severity of the condition & anticipated time needed for recovery.
3. A written explanation, outlining how the medical condition meets each of the criteria of being severe, extended, and of a catastrophic (or emergency) nature (page 2 of this application).

Current Leave Calculation: Employees must have used all vacation, personal, comp leave, and may keep only five (5) days of sick leave before they are eligible for Catastrophic leave. List your current leave balances (as of the date of application). Please call the Business Office if you need assistance obtaining your leave balances.

Sick: _____ Personal: _____ Vacation: _____ Comp: _____

An employee committee will meet and confidentially review your application. This committee has authority from the Board of Education to determine if leave will be granted. You will be notified in writing of the committee's decision.

Acknowledgement: If granted leave, I understand that I will be expected to provide a physician's note for any catastrophic leave used. I also understand that if I am granted (and use) more than 8 days of Catastrophic leave, I will be expected to remain in the pool for the duration of my employment, or until I have returned, through the annual donation of one day, the total number of days used. I verify that I have been a participating member of the ECSD catastrophic leave pool for at least 90 days prior to submitting this application.

_____

To help the committee members better understand your situation and make a more informed decision about your request, please provide a written explanation, outlining how the medical condition meets the criteria of being severe, extended, and of a catastrophic (or emergency) nature.

1. Evidence that the condition is severe:

2. Evidence that the condition is extended:

3. Evidence that the condition is of a catastrophic (or emergency) nature: