

APPENDIX C

CATASTROPHIC LEAVE/CONTINUATION OF PAY CLASSIFIED EMPLOYEES

- A. Catastrophic Leave/Continuation of Pay status may be available to an employee as set forth herein pursuant to the provisions of Education Code Section 44043.5, inclusive.
1. The pay granted to the affected employee shall consist of the number of sick leave days, vacation days, or days of compensatory time off that are donated by other employees. All donations of sick leave, vacation or compensatory time off shall be made in blocks of one work day (minimum of six hours).
 2. An employee may donate a maximum of one day per school year per receiving employee. An employee who donates a sick day shall be required to have a full-paid leave balance (not extended sick leave) equivalent to ten days following the donation.
 3. A receiving employee shall be credited with one day's pay for each day donated on the employee's behalf to a maximum of 30 days of pay. An employee may apply for one additional 30-day period.
 4. The benefits of this policy are not available to an employee who is receiving Worker Compensation payments or whose medical condition is stress or stress-related.
- B. For the purpose of calculating continuation of pay status for an employee who receives catastrophic leave, the following shall apply:
1. Each application shall be reviewed by a committee of the Superintendent/designee, the President of the Exclusive Representative/designee, and the appropriate field representative.
 2. The receipt of donated days under this Policy shall not serve to extend or modify the terms or limitations of the extended sick leave provisions of the Education Code or of an applicable Collective Bargaining Agreement.
 3. Any pay provided by the terms of this Policy shall not commence until the affected employee has exhausted his or her entitlement for full-paid sick leave and extended sick leave provided by the Education Code or an applicable Collective Bargaining Agreement.
 4. If more days are donated than have been requested, the days to be applied to the receiving employee shall be determined by a lottery. Any day that is not applied to the receiving employee shall be returned to the donating employee.
- C. An employee who requests the benefits provided by this Policy shall complete an application form. The employee must attach a completed written certification form signed by a licensed physician or practitioner indicating that the employee's circumstances meet the definition of a catastrophic illness or injury in Education Code Section 44043.5(a)(1) and the probable length of absence from work. Where the application is based on the catastrophic illness or injury of a member of the employee's immediate family, all required medical information, statements, and verifications shall be related to the affected family member. In addition, the employee shall attach a written statement indicating the circumstances that require the employee's absence from work.

DELANO UNION SCHOOL DISTRICT

Donation and Authorization to Transfer Sick Leave or Time Credits

I hereby freely and voluntarily donate and authorize the transfer of the following days of accumulated sick leave, vacation time, or compensatory time off credits to the Receiving Employee named on this form for the current school year, as authorized by the terms of Education Code Section 44043.5, pursuant to the following conditions:

1. I understand that the donation shall not be construed as a waiver of any statutory right to earned and/or accumulated sick leave, vacation time, or compensatory time off that I might have.
 2. I understand that all leave donated pursuant to this authorization will be transferred to and may only be used by the designated Receiving Employee.
 3. I understand that sick leave, once transferred to the Receiving Employee, is relinquished by the Donating Employee.
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TIME CREDITS DONATED:

DONATING EMPLOYEE:

Sick Leave - _____ Days

Vacation Time - _____ Days

Compensatory Time Off - _____ Days

Signature of Donating Employee

Print Name of Donating Employee

Date: _____

RECEIVING EMPLOYEE (Please Print Name): _____

For Office Use Only:

The Receiving Employee on whose behalf the time credits are being donated satisfies the requirements set forth in Education Code Section 44043.5(b).

By: _____
District Superintendent

A.	Donating Employee's available sick leave	_____ Days _____ Hours
	Number of days/hours donated	_____ Days
	Donating Employee's revised sick leave balance	_____ Days _____ Hours
B.	Donating Employee's available vacation time	_____ Days _____ Hours
	Number of days/hours donated	_____ Days
	Donating Employee's revised vacation time balance	_____ Days _____ Hours
C.	Donating Employee's available Compensatory Time Off	_____ Days _____ Hours
	Number of days/hours donated	_____ Days
	Donating Employee's revised Compensatory Time Off	_____ Days _____ Hours

Total hours donated/transferred to Receiving Employee pursuant to this Authorization: _____ Hours

Posted by: _____

Date: _____