

**CUESTA COLLEGE
HUMAN RESOURCES
APPLICATION FOR CATASTROPHIC ILLNESS LEAVE**

I. APPLICATION New Extension

Name: _____

Address: _____

Check one: Academic Classified Confidential/Management

Department: _____

Social Security Number: _____

Telephone (work): _____ Telephone (home): _____

Date of Application: _____

Attached to this Application is a Physician's Certification of Catastrophic Illness or injury. I authorize the San Luis Obispo County Community College District to contact my physician directly as a part of the evaluation of this leave request.

Employee Signature

II. DETERMINATION Approved

It has been determined that you are eligible for catastrophic illness leave subject to the following:

1. You must be eligible to accumulate and use sick leave and/or vacation credits; and
2. You must have exhausted all available paid sick, vacation, compensatory, or other paid time, and taking extended time off work creates a financial hardship for you (See instructions in Part III below)

Denied

It has been determined that you are not eligible for catastrophic leave for the following reasons:

1. Available paid sick, vacation, compensatory, or other paid leave has not been exhausted; OR
2. Other: _____

Director, Human Resources Date

III. Union authorization to transfer leave credits from donor(s) to leave applicant, in accordance with the attached authorization forms.

Authorized Union designee Date

IV. *INSTRUCTIONS FOR PROCESSING: 1) Employee completes form and forwards to Human Resources with Physician's Certification; 2) Human Resources approves or denies, and forwards to Union; 3) Union seeks donations, gathers authorizations, and returns authorization forms to Human Resources.*

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HUMAN RESOURCES
PHYSICIAN'S CERTIFICATION OF CATASTROPHIC ILLNESS

TO THE PHYSICIAN:

An employee of the San Luis Obispo County Community College District has applied for a Catastrophic leave benefit as provided by California Law (Education Code Section 87045). An employee may apply for the benefit on his or her own behalf, or for the purpose of caring for a member of the employee's family. As part of the application process, the employee is required to provide a verification of the Catastrophic illness or injury. Please review the definition of Catastrophic illness or injury below prior to completing and signing this form.

- X Catastrophic illness or injury is defined [EC 87045(a)(1)] as "an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee's family which 'incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he or she has exhausted all of his or her sick leave and other paid time off."

The Physician is required to apply the standard medical definition of "incapacity" to the patient's medical condition.

Employee Name: _____ Patient Name (if different): _____

Patient Birth date _____ Patient Relationship to Cuesta employee: _____

PHYSICIAN'S CERTIFICATION:

As the physician who is responsible for the care of the above-named patient, I certify it to be my medical opinion that the patient's condition satisfies the definition of the law in order to be considered a "catastrophic illness or injury."

In the circumstance where the patient is a member of the employee's family, I further certify that the patient's condition requires that the employee take time off from work to care for the family member.

It is my medical opinion that the patient will be able to return to work (or that the employee will no longer be required to care for the family member) as of _____.

Physician's Signature Date

Printed Name & Title

Business Address

Telephone Number

CATASTROPHIC ILLNESS OR INJURY LEAVE-MANAGEMENT, SUPERVISORS, CONFIDENTIALS
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4314

Catastrophic illness or injury leave pay may be available to an employee as set forth herein pursuant to the provisions of Education Code section 87045, inclusive.

The term "catastrophic illness or injury" shall be defined as set forth in Education Code section 87045(a)(1) which states:

"Catastrophic illness" or "injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for the family member, and taking extended time off work creates a financial hardship for the employee because he or she has exhausted all of his or her sick leave and other paid time off."

CATASTROPHIC ILLNESS OR INJURY LEAVE

R4314

Catastrophic illness or injury leave pay shall be limited to the amount of sick leave credit, vacation time, or compensatory time off credits that are donated to the affected employee by other employees, for up to the duration of incapacity, as certified by physician.

1. Donations of sick leave credits shall be made in blocks that are equivalent to one day of leave for the donating employee. An employee who donates sick leave credits shall be required to have a sick leave balance equivalent to five days (e.g., full-time employee = 40 hours) following the donation.
2. Donations of vacation time or compensatory time off credits shall be made in blocks of not less than 2 hours per donating employee.

For the purpose of calculating credits for an employee who receives catastrophic pay, the following shall apply:

1. If the employee who donates eligible vacation or compensatory time off credits is at a different salary rate than the employee who receives the credits, the formula to be used shall be: Donating employee's hourly rate multiplied by number of hours donated equals \$X; \$X divided by receiving employee's hourly rate equals the number of catastrophic leave hours available to receiving employee.

Example: Donating employee - Secretary (rate \$9.74 per hour) donates eight hours: $\$9.74 \times 8 = \77.92 ;
Receiving employee - Clerk (rate \$7.28 per hour) will be entitled to: $\$77.92 \div \$7.28 = 10.70$ hours of catastrophic leave credits.

2. If the employee or employees who donate eligible time credits are at the same salary rate as the employee who receives the credits, the receiving employee shall be credited with the number of hours donated.
3. The receipt of donated time credits under this program shall not serve to extend or modify the terms or limitations of Education Code 88196, inclusive.

The employee shall fill out an application form for catastrophic leave pay credits and shall attach a written statement and verification from a licensed physician or practitioner indicating the nature and extent of the illness or injury, the probable length of absence from work, and a statement that the employee is medically unable to work due to the illness or injury.

1. 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.

(Reference: Education Code 87045(a)(1))

(Approved: 10/07/98)