



SECTION: IC
TOPIC: PAYROLL 02
CATASTROPHIC LEAVE
DONATION PROCESS
August, 2010

ADMINISTRATIVE PRACTICES MANUAL

**SUBJECT: PAYROLL
CATASTROPHIC LEAVE DONATION POLICY**

PURPOSE

The purpose of this program is to assist regular full and part time employees who are facing financial hardship because they have exhausted all of their own paid leave time and are experiencing a catastrophic illness or injury as defined below. This program is an internal employment practice and is not intended to establish an entitlement or benefit for employees of Dane County. It may be amended or eliminated at any time. Decisions made under this program are not grievable under the collective bargaining agreements, or appealable under Civil Service ordinance. (Wis. Stat. § 230.35(2r)(c), provides: No employee may grieve under an agency's grievance procedure any appointing authority's decision relating to a catastrophic leave program under this subsection or appeal any such decision to the commission under s. 230.44)

The purpose of this document is to define a process through which donated leave is requested, granted, and administered. This is a voluntary program. Employees may request donated leave, or may donate their accumulated leave hours, of their own volition. The receipt or donation of leave hours is not overseen or governed by any bargaining unit or other authoritative body.

The employer may establish, by rule, a catastrophic leave program that permits employees to donate certain types and amounts of leave credits to other employees who have been absent from pay status because of a catastrophic need for which there is no paid leave benefits or replacement income available. The employer shall determine the types and amounts of leave credits that may be donated. Wis. Stat. § 230.35(2r)(b).

DEFINITIONS

Catastrophic illness or injury: Wis. Stat. § 230.35(2r)(a) defines this as an illness or injury that incapacitates or is expected to incapacitate an employee or an employee's family member and that requires the employee to be completely absent from work for an extended period of time.

Catastrophic need: used in this policy is a catastrophic illness or injury that creates a financial hardship for the employee. A catastrophic financial need requires an extended absence from work for which there is no leave time available and the employee is not yet eligible for disability benefits.

Donated Leave: Donated leave is paid leave time that is voluntarily transferred from an employee with accumulated leave balances to an eligible employee who has exhausted his or her paid leave balances and is experiencing a catastrophic illness or need. Paid leave balances include unused compensatory time earned, sick leave, vacation earned, or holiday earned by an employee.

Eligible Employee: Any full time, or part time regular employee, employed at least one full year with Dane County, who is eligible to accrue and use paid leave time.

Extended Absence: A continuous absence of at least one-week duration under a circumstance for which the employee was unable to accumulate leave time to cover the absence.



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Family Member: As defined by Dane County's Family and Medical Leave Policy: Spouse or domestic partner, children, and parents.

Committee: Means the Catastrophic Leave Donation Committee composed of the Risk Manager, or his/her designee, the Corporation Counsel, or his/her designee, and the Employee Relations Manager, or his/her designee. The Committee will address issues related to the catastrophic leave program including reviewing applications and making eligibility determinations.

Eligibility Criteria - Applicant

In order to be eligible to receive donated leave, an employee must meet the following criteria:

- 1) The employee or eligible family member must experience a catastrophic illness or injury that requires that the employee be completely and totally off work for a defined period of time and that creates a financial need.
- 2) The medical condition must be certified by a licensed health care provider, and require continuing treatment or supervision by the health care provider. If the request is to care for an eligible family member, the certification from the licensed health care provider must verify the need for the employee to be completely off work to provide care.
- 3) There must be no other wage continuation or replacement income available or provided to the employee at the time they are receiving donated leave. Examples include, but are not limited to, disability or other insurance benefits, or unemployment compensation.
- 4) Employees may not delay the onset of disability insurance benefits beyond the elimination period in order to receive donated leave. The shortest elimination period under the County's current disability plans is 42 calendar days.
- 5) The employee must be a regular full time or part time employee at the time of application (LTE's and other employees who do not earn paid leave time are not eligible).
- 6) The employee must be eligible for and have received an approved, continuous (non-intermittent), Family and Medical Leave Act (FMLA) leave or other leave of absence as defined by the Civil Service ordinance or applicable bargaining agreements, for the catastrophic medical condition for which donated leave is requested. If applicable, the employee must also apply for disability benefits.
- 7) The employee must have exhausted all of his/her available personal leave balances and would be required to take leave without pay in the absence of donated leave.
- 8) The employee must complete and submit the required application along with the medical documentation (see above).
- 9) The employee must not have received donated leave of any amount within 12 months at the time of application; however, all previously granted donated leave will be reviewed and considered by the Committee in making the determination.



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- 10) The employee must not, in the two-year period immediately preceding the request for donated leave, have been disciplined for chronic or excessive absenteeism, lateness, or abuse of time.
- 11) The employee must notify the Payroll Manager of any change in circumstances regarding their anticipated return to work, severity of the medical condition, or anything else that impacts the donated leave request.

Eligibility criteria – Donor

- 1) The donor must be employed with Dane County for a minimum of one year, and must be beyond the probationary period.
- 2) The donor may only donate “earned” paid leave time. Vacation hours granted for the year in advance that have not yet been earned may not be donated. Paid leave time that would otherwise be lost if not used, such as unused carryover hours, or sick hours in excess of the year-end/retirement cap, may not be donated.
- 3) Donations must be a minimum of 8 hours.
- 4) The donor must retain combined leave balances of at least 80 hours for their own use after the donation.

Application Process

- 1) Application forms are available from the County Payroll Manager. All completed forms must be returned to the County Payroll Manager.
- 2) An application for leave may be initiated when the applicant’s combined leave balances are at or below 80 hours; however, the donated leave will not be applied until the applicant’s own leave time has been exhausted.
- 3) The application must include the following:
 - a. pertinent employment information;
 - b. a description of the reason the applicant is requesting donated leave;
 - c. the amount of donated leave the applicant is requesting;
 - d. an authorization for the County to contact the health care provider to clarify or discuss information related to the medical condition the provider has certified;
 - e. any additional information or documentation the applicant wishes to provide.
- 4) The application will also require certification from a health care provider of the catastrophic illness or injury and the probable duration of that health condition. If the request is to care for a family member or member of an alternative family, the certification from the health care provider must verify the need for the employee to be completely off work to provide care.



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Approval Process

- 1) The Committee will review applications and measure the facts contained in the application material against the eligibility criteria. All application material and information disclosed to the Committee regarding the employee's request for donated leave will be held in confidence.
- 2) The Committee will review the employee's attendance records with particular attention to prior sick leave use, past FMLA requests and other paid leave usage.
- 3) The Committee will also review other factors related to the request, including the nature of the medical condition.
- 4) Donations will not be considered unless and until the leave is approved via the process and criteria outlined in this policy.
- 5) After completing the review process, the Committee will grant or deny the employee's application for leave. The Committee may grant the entire leave amount requested, up to 240 hours (prorated hours for part time employees based on FTE), or a portion of the leave requested. If the Committee denies the request the employee will receive a letter explaining the reasons for the denial.

Review Process

- 1) If the employee believes the Committee misapplied the criteria set forth in this policy, he/she may request a review of the Committee's decision by the Personnel and Finance Committee. The employee must request the review in writing within 10 working days of the date of the denial letter.
- 2) The written request for review must be sent to the County Payroll Manager who will forward it to the Personnel and Finance Committee.
- 3) The Personnel and Finance Committee will review the decision of the Committee to determine whether it is consistent with this policy. The Personnel and Finance Committee will evaluate whether the policy was properly applied by the Committee. The Personnel and Finance Committee will not conduct an independent determination of the issues but rather will evaluate whether the Committee's decision was clearly unreasonable, erroneous or arbitrary. The Personnel and Finance Committee will either uphold the decision of the Committee, or recommend that the Committee reconsider its decision based on errors identified by Personnel and Finance.

Administrative Process

- 1) The County Payroll Manager will oversee the administrative process.
- 2) The County Payroll Manager will solicit voluntary contributions of paid leave time from employees each time a donated leave request is granted.



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- 3) The solicitation will state that an employee has been granted donated leave. The solicitation will also state the number of hours the employee has been granted.
- 4) Donors must respond within two weeks of the notice to donate.
- 5) Donations will be accepted up to the amount of time granted by the Committee. The first donations received will be first used. Any donations received in excess of the time granted by the Committee will be returned to the employee.
- 6) Donations (from any source) will not be considered unless, and until, the donated leave is approved via the process and criteria as outlined in this policy.
- 7) The County Payroll Manager will not reveal the identity of the donors without cause.
- 8) If the amount of time donated is less than the amount of time approved by the Committee, the applicant may only use the total amount donated.
- 9) While using donated leave, the applicant must otherwise be in an unpaid payroll status. This means that the employee must be completely and totally off the payroll, and cannot use donated hours to supplement periodic or sporadic absences from work. Therefore, the applicant will not continue to accumulate leave time, longevity, and other benefits associated with being in paid payroll status, and they may become liable for insurance payments during the period of time they are receiving donated leave time. In addition, donated leave payments do not qualify as retirement, longevity, or incentive pay earnings.
- 10) If the current payroll year ends before all of the donated leave is used the employee must begin using his/her own accrued vacation and holiday hours in the first pay period of the new year. If applicable, any remaining donated leave hours will be held and applied after the employee's own paid leave is exhausted, providing the employee is still absent from work due to the situation that prompted the initial donated leave request.

Approved by Personnel and Finance Committee on August 23, 2010.

END OF NARRATIVE



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APPLICATION FOR CATASTROPHIC LEAVE DONATION

DEPARTMENT: Dane County Communications

DIVISION: PSCC

EMPLOYEE NAME: Tanya Sellner

EMPLOYEE NUMBER: 12408 EMPLOYMENT DATE: 01/15/2015

CURRENT LEAVE BALANCES AT TIME OF APPLICATION:

VACATION/SABBATICAL: 0 HRS.

HOLIDAY : 0 HRS.

COMPENSATORY TIME: 0 HRS.

SICK LEAVE: -89 HRS.

OTHER: _____ HRS.

AMOUNT OF DONATED LEAVE REQUESTED: 160 HRS. (max=240)

REASON FOR REQUEST: See attached

MEDICAL AUTHORIZATION AND RELEASE:

I, Tanya Sellner, hereby authorize and consent to the health care provider(s) who have provided medical care for any treatments related to the health condition described above, to disclose medical information to Dane County, attention Employee Relations Manager, CCB Room 418, 210 Martin Luther King, Jr. Blvd, Madison, WI 53703. I understand that the purpose for this disclosure is to assist Dane County in ascertaining my eligibility to receive donated leave as outlined in the Catastrophic Leave Donation Policy. This consent authorizes the E.R. Manager to confer with applicable health care provider(s) regarding the health condition described above. This consent also authorizes the E.R. Manager to review any information received pursuant to this release with any or all of the following: Risk Manager, or his/her designee and Corporation Counsel, or his/her designee, all of whom are on the Donated Leave Committee.

SIGNATURE Tanya Sellner DATE 03/12/2023



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APPLICATION FOR CATASTROPHIC LEAVE DONATION Health Care Provider Certification

Applicant/Employee Name Tanya Sellner

Dane County has a Catastrophic Leave Donation policy that allows co-workers to donate paid leave to a fellow employee under the terms of the policy. Specifically:

The employee or eligible family member must experience a catastrophic illness or injury that requires that the employee be completely and totally off work for a defined period of time and that creates a financial need. The medical condition must be certified by a licensed health care provider, and require continuing treatment or supervision by the health care provider. If the request is to care for an eligible family member, the certification from the licensed health care provider must verify the need for the employee to be completely off work to provide care.

Donated Leave is not applicable for periodic or sporadic absences between regular working hours, such as for appointments or to accommodate other intermittent medical needs.

I certify that the employee named meets the criteria defined above due to the serious medical condition of the employee or a member of his/her family.

Anticipated period of absence from work: March 31st

Beginning March 31st Ending April 21st

See additional email for this part

Physician Signature

Date

Adam Tierney

Physician Name (please print)

Phone number

Additional information that may be helpful regarding this application:
