

NJUHSD CLASSIFIED BARGAINING UNIT CATASTROPHIC LEAVE BANK ENROLLMENT GUIDELINES

ENROLLMENT GUIDELINES

- I. To join, an employee must donate a minimum of eight (8) hours of accrued sick leave or vacation leave. A donation constitutes membership into the bank. Donations are irrevocable.
- II. To donate sick leave a unit member must have at least one (1) times their annual accrual rate remaining in his/her account after the donation is made. To donate vacation leave no minimum balance is required in the members account.
- III. Annual enrollment will be made from the months of October 1 through December 1 of each school year. New hires will be permitted to contribute within thirty (30) calendar days of beginning work.
- IV. To enroll the Catastrophic Leave Bank Donor Form must be completed and submitted to the District Office to the attention of the Assistant Superintendant of Personnel.

Important Please Read:

- V. **To continue membership, eight (8) hours of sick leave or vacation leave must be donated annually during the enrollment period (October 1 – December 1 of each school year). Failure to submit your annual donation will result in automatic disenrollment from the Catastrophic Leave Bank, thus terminating any future eligibility to withdrawal.**
- VI. New members wishing to enter the bank will be required to donate eight (8) hours of sick or vacation leave during the open enrollment period each school year.

ELIGIBILITY GUIDELINES

- I. A catastrophic illness or injury is 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 immediate 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/her sick and vacation leave and other paid time off. In the case of an employee's own incapacity, the employee's extended illness leave under Article XV, Section 15.6(eg. differential pay leave) shall run concurrently with all other paid leave entitlements and any catastrophic leave will be utilized in conjunction with differential pay leave, such that the amount of catastrophic leave used for any day of absence shall be limited to that amount which is necessary for the employee to receive a full day's pay.
- II. An employee who qualifies for catastrophic injury or illness leave may not draw upon the Bank until all fully paid illness or injury leave is exhausted.



NJUHSD CLASSIFIED BARGAINING UNIT CATASTROPHIC LEAVE BANK PROGRAM DONOR FORM

Please type or print legible.

INSTRUCTIONS: Complete this form to donate accrued Sick Leave or Vacation Leave to the NJUHSD Classified Catastrophic Leave Bank. The minimum annual rate of contribution by each participating unit member shall be eight (8) hours of sick leave (which shall be deemed to equate to the legal minimum required by Education Code 44043.5) or eight (8) hours of vacation leave. The maximum annual contribution by each participating members shall be no more than twenty-four (24) hours. The twenty-four (24) hours donated can be transferred from either the donating members sick leave balance, vacation balance or any combination of the two paid leaves. To donate sick leave a unit member must have at least one (1) times their annual accrual rate remaining in his/her account after the donation is made. To donate vacation leave no minimum balance is required in the members account

Completed by Donor

Name of Donor (Last, First, MI)

Employee ID #

Department/Site

_____ Number of Annual Sick Leave Hours Donated

_____ Number of Annual Vacation Leave Hours Donated

I wish to make a **VOLUNTARY** and **IRREVOCABLE** donation of leave credits to the Classified Catastrophic Leave Bank for the benefit of eligible members of the classified bargaining unit. I understand that my election to participate in the manner makes me eligible to apply for catastrophic leave benefits under the provision of Article 15, Section 4.8 of the Collective Bargaining Agreement with Nevada Joint Union High School District. I also understand that once my leave is donated it becomes the property of the bank until the Joint Committee authorizes its allocations to an applicant.

Employee Signature

Date

Completed by Timekeeping

_____ Total Leave Hours Deducted from Donor

Timekeepers' Signature

_____ Sick Leave Hours Balance After Donation

_____ Vacation Leave Hours Balance After Donation

Date Hours Deducted from Donor's Leave Balance

Personnel Department

Date Recorded in Leave Bank Records

Signature of Recorder

Signature of Assistant Superintendent of Personnel

NJUHSD CLASSIFIED BARGAINING UNIT CATASTROPHIC LEAVE BANK
Attending Physician's Statement

Please Print or Type

Part A. TO BE COMPLETED BY THE MEMBER or designee

Name of Patient: _____ Date of Birth: _____

Home Address: _____

Statement of Patient: In support of my application for hours from the NJUHSD Catastrophic Leave Bank. I authorize the release of information concerning my illness/injury.

Signature of Patient or Designate

Date

Definition - A catastrophic illness or injury is 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 immediate family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member. Mental stress-related illness of the member or family member is excluded from the benefits of the Catastrophic Leave Bank.

Part B. TO BE COMPLETED BY THE PHYSICIAN

Physician's
Name (Print) _____

Phone No. _____

Mailing Address _____

1. In your opinion, does the employee meet the "Catastrophic Illness or Injury" definition above?

Yes _____ No _____ (Check one)

If no, sign and date this form. If yes, answer questions 2-3.

2. Date condition commenced: _____

3. Anticipated number of days that the employee will be unable to perform the essential functions of the job with or without reasonable accommodations:

Physician's Signature

Date:

NJUHSD CLASSIFIED BARGAINING UNIT CATASTROPHIC LEAVE BANK

Application for Withdrawal

- I. Read the definition of catastrophic illness/injury. Keep in mind, your illness/injury may not be determined catastrophic and your application may be denied. Not that the days shall not be granted unless you have exhausted **ALL** of your sick and vacation leave and other paid time off (excluding differential).
- II. Complete application in full. Make sure all questions are answered and return to the District Office to the attention of the Assistant Superintendent of Personnel. If an incomplete application is received it will be returned to you and **will not** be considered until it is complete. Number of days granted and effective date if approved, will be based upon when the completed application is received.
- III. Your application must be accompanied by written verification of the catastrophic illness or injury prepared and signed by a licensed physician.
- IV. If the member is incapacitated a request for withdraw may be submitted to the Committee by participant's agent or member of the participant's family.
- V. Withdrawals from the Bank shall be granted in units of no more than thirty working days (regardless of a member's workday). Participants may apply for an additional thirty-day extension. Participant's requesting an extension of benefits will be required to submit a second doctor's statement indicating the nature of the illness or injury of the unit member or family member and the probable length of absence from work. Participant's withdrawal from the bank may not exceed a sixty-day maximum for the same catastrophic illness or injury within a twelve-month period. The twelve-month period begins on the first day of use of catastrophic leave.
- VI. The Committee will notify the applicant of its decision within ten (10) working days of the initial application. Members of the Committee shall keep the information regarding the nature of the illness or injury confidential.
- VII. Hours from the leave bank shall be authorized on a first-come first-served basis. In the event the Bank is depleted, no further applications to use paid catastrophic leave will be granted.
- VIII. Any mental stress-related illness of the Bank member or family member shall be excluded from the benefits of the Catastrophic Leave Bank.
- IX. When the Committee may reasonably presume that the applicant for a draw may be eligible for a Disability Award or Retirement under PERS, STRS, if applicable, Social Security, the Committee may encourage the member to apply for disability or retirement. Upon approval of PERS, STRS or Social Security payment the unit member's eligibility for withdrawal of days from the Bank shall cease



NJUHSD CLASSIFIED BARGAINING UNIT CATASTROPHIC LEAVE BANK PROGRAM WITHDRAWAL REQUEST

A catastrophic illness or injury is 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 immediate 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/her sick and vacation leave and other paid time off. In the case of an employee's own incapacity, the employee's extended illness leave under Article XV, Section 15.6(eg. differential pay leave) shall run concurrently with all other paid leave entitlements and any catastrophic leave will be utilized in conjunction with differential pay leave, such that the amount of catastrophic leave used for any day of absence shall be limited to that amount which is necessary for the employee to receive a full day's pay.

Withdrawals from the Bank shall be granted in units of no more than thirty working days (regardless of a member's workday). Participants may apply for an additional thirty-day extension. Participant's requesting an extension of benefits will be required to submit a second doctor's statement indicating the nature of the illness or injury of the unit member of family member and the probable length of absence from work. Participant's withdrawal from the bank may not exceed a sixty-day maximum for the same catastrophic illness or injury within a twelve-month period. The twelve-month period begins on the first day of use of catastrophic leave.

The Committee will notify the applicant of its decision within ten (10) working days of the initial application. Members of the Committee shall keep the information regarding the nature of the illness or injury confidential

Completed by Employee

Employee's Name: _____ Employee #: _____

Home Address: _____

Home Phone #: _____ Supervisor's Name: _____

Request for withdrawal is for: Employee Family Member

Family Members' Name: _____ Relationship: _____

Nature of illness or injury: _____

Expected Length of illness or injury: _____

Number of days requested: _____ Date all paid leave ends: _____

Have you notified your supervisor of this request? _____

Attach your doctor's statement which includes a verification of the above statements. If you wish to add additional information, attach a sheet to the application.

EMPLOYEE'S SIGNATURE

DATE SIGNED

FOR OFFICIAL USE ONLY

Date application received: _____

This request has been: Approved Disapproved

Days Granted : _____ Tentative Effective Date: _____

POOL ADMINISTRATOR'S SIGNATURE

DATE SIGNED