

**UCSC CATASTROPHIC LEAVE DONATION PROGRAM (CLDP)
RECIPIENT'S SERVICE TEAM ADMINISTRATOR'S WORKSHEET**

NOTE: THIS WORKSHEET IS TO BE USED IN CONJUNCTION WITH THE PROGRAM GUIDELINES; IT IS NOT A STAND-ALONE DOCUMENT.

RECIPIENT'S NAME: _____ RECIPIENT'S UNIT: _____

ADMINISTRATOR'S NAME: _____ SERVICE TEAM: _____

LEAVE OF ABSENCE (DATES) _____ OR INTERMITTENT LEAVE (DATE) _____

CATASTROPHIC LEAVE BEGINS: _____ DATE LEAVE BANK CLOSED: _____

EXEMPT _____ NON-EXEMPT _____

ESTABLISHING ELIGIBILITY

#	QUESTIONS AND DIRECTIONS	CLDP	RESPONSE / COMMENTS	✓
1.	Has the recipient already received Catastrophic Leave this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, was it less than 8 calendar weeks at the employee's appointed percent of time? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If less than 8 calendar weeks, continue. • If more than 8 calendar weeks, s/he is ineligible for Catastrophic Leave. - If no, continue.	II., B.		
2.	Has the employee already used 6 months of his/her own accruals for <i>this</i> illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, s/he is ineligible for Catastrophic Leave. - In no, continue.	II., B.		
3.	Has the recipient applied for Worker's Compensation status for the illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, the recipient may not receive Catastrophic Leave unless the WC Administration <i>denies</i> the case/claim. Catastrophic Leave may only be received for a non-work-related illness or injury. - If no, continue.	I., B.		
4.	Is the recipient already receiving disability benefits for the illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, s/he is ineligible for Catastrophic Leave. Consult with HR and Benefits to determine if Catastrophic Leave eligibility exists. - If no, continue.	I., B.		

5.	Is the recipient a staff employee who is eligible to accrue and use vacation, or an academic employee during the active appointment period? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, continue. - If no, s/he is ineligible for Catastrophic Leave.	I., B.		
6.	If applicable, does the ill/injured family member meet the definition of eligible family member? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, continue. - If no, s/he is ineligible for Catastrophic Leave.	I., D.		
7.	Has the employee provided a doctor's note with confirmation that the recipient's or eligible family member's illness or injury meets the definition of catastrophic? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, does this confirmation support that the recipient: <ul style="list-style-type: none"> • be placed on an approved leave of absence? (<i>The doctor must indicate a return to work date</i>) OR • is able to work, but requires periodic absences to receive multiple, on-going treatments for the eligible condition? (<i>The doctor must indicate an "until when" date</i>) OR • is required to care for an eligible family member who is suffering from an eligible illness or injury? (<i>The doctor must indicate a return to work date</i>) - If no, s/he is ineligible for Catastrophic Leave.	I., A.; IV., A. & B.		
8.	Will the recipient exhaust all accrued sick and vacation leave (and CTO if employed in a non-exempt position) prior to the LOA return date? OR If requesting intermittent leave, has the recipient already exhausted, or is s/he about to exhaust, all available leave? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, continue. - If no, s/he is ineligible for Catastrophic Leave.	I., B.		
9.	If the leave period might extend beyond eligibility for Catastrophic Leave, has the employee consulted with the Benefits Office regarding his/her disability plan eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, continue. - If no, recommend that they contact the Benefits Office.	IV., A.		
10.	Is the recipient an immediate supervisor, unit head, or someone in a position to make or influence a decision regarding a donor's employment (e.g., merit increase, performance evaluation, promotion, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, monitor the source of donations. (<i>See UC Conflict of Interest Code</i>) - If no, continue	II., K.		
11.	Is the recipient a Designated Official? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, refer to the following Internal Audit web page – http://planning.ucsc.edu/audit/ - If no, continue	II., L.		
12.	Is the recipient eligible for FML? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, s/he must be provided with required notification <ul style="list-style-type: none"> - If no, continue - 	OVER-VIEW		

13.	Has the recipient submitted the Catastrophic Leave Application within the required time frame? <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes, continue - if no, s/he is ineligible* for Catastrophic Leave (<i>*See guidelines for exceptions</i>)	I., B.		
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ESTABLISHING THE LEAVE BANK

#	QUESTIONS AND DIRECTIONS	CLDP	RESPONSE / COMMENTS	✓
14.	Catastrophic Leave begins when? - For exempt , begins on the day after the recipient's last day on pay status. (PLEASE NOTE: special consultation with Benefits Office is advised if an exempt employee, who is not eligible for FML , is requesting the use of intermittent Catastrophic Leave.) - For non-exempt , must adjoin the employee's last hour on pay status.			
15.	If the employee has used some, but less than six months of leave for this illness or injury, how much time within the six months remains? (26 weeks x 40 hrs x % of employee's appt minus hours already utilized for this illness or injury)	II., B.		
16.	For how much Catastrophic Leave is the employee eligible? (8 weeks x 40 hrs x % of employee's appt minus pay status hours already supported by Catastrophic Leave <i>this</i> calendar year)	II., B.		
17.	Identify the smaller of the answers to #15 and #16 to determine the number of eligible Catastrophic Leave hours (which will be reduced by the recipient's own leave accruals earned while receiving Catastrophic Leave).	II., B.		
18.	By completing spreadsheet Section A & C, and referring to the answer in #17 above, calculate the # of eligible Cat. Lv. hours for <i>this illness/injury</i> , and the date the eligibility period expires.			

ADMINISTERING THE LEAVE BANK

#	QUESTIONS AND DIRECTIONS	CLDP	RESPONSE / COMMENTS	✓
19.	Prepare the flyer (see template). - Does recipient require anonymity? (See application) - Obtain the recipient's approval for how to word the reason for needing Catastrophic Leave, and the manner of distributing the resulting flyer.	I., B.; IV., C.		
20.	Distribute the flyer announcing the leave bank. - It is recommended that donations first be solicited from within the recipient's unit by sharing the flyer via email listserv or hard copy. - If insufficient leave is obtained from within the unit, the flyer may be shared via email with all, or selected, Service Teams for distribution via email listserves. - If further leave is needed, a hard copy of the flyer may be distributed via campus mail.	IV., C.		
21.	Highlight the need for holding donors' identity as confidential information when communicating with the recipient, donors, supervisor, or manager.	II., J & IV., C.		
22.	Assure the recipient's vacation and sick leave accrued in the prior month is utilized before applying Catastrophic Leave within any given pay period.	II., G.		
23.	Utilizing the spreadsheet, enter Donor Form information in the order of receipt.	IV., C.		

24.	On a monthly basis, record vacation hours received by donation to the recipient, and to be used that pay period, on the Payroll Timesheet as vacation leave accrued (VLA).	IV., C.		
25.	On a monthly basis, as donated vacation is used by the recipient, record the hours used in that pay period on the Payroll Timesheet as vacation leave taken (VAC).	IV., C.		
26.	For each applicable pay period, enter pay status hours supported by Catastrophic Leave donations as "REG" pay on the Payroll Timesheet.	IV., C.		
27.	For each applicable pay period, annotate the recipient's Attendance, Leave Use & Accrual Record to note that Catastrophic Leave was received, and used, for that month.	IV., C.		

CLOSING THE LEAVE BANK

#	QUESTIONS AND DIRECTIONS	CLDP	RESPONSE/COMMENTS	✓
28.	Refer to the guidelines for appropriate criteria for closing a leave bank.	II., I.		
29.	Consult with the Benefits Office if the recipient is not yet returning to work when the leave bank is closed, whether or not the recipient intends to activate disability benefits.			
30.	Return excess donor forms to the Donor Unit Service Teams once the leave bank is closed. (You may need to adjust the hours donated on the last utilized donor form in order to apply the exact number of hours needed to fill the leave bank. If so, provide the Donor Unit Service Team with an amended version..)	IV., C.		
31.	Notify the Payroll and Benefits Offices if the recipient will have a reduction to the normal percent of time paid during the last month in which Catastrophic Leave is applied if s/he is not yet returning to work.			
32.	Provide a confidential confirmation of use of donated leave to all Donor Unit Service Teams as soon as possible upon closing the leave bank.	IV., C.		
33.	Provide a copy of the final Donor Roster to Human Resources.	IV., C.		