

City of Portland



Catastrophic Leave Application

PART A (To be completed by Employee)

Employee completes PART A (page 1) and submits the application to the bureau Catastrophic Leave Coordinator. The bureau Catastrophic Leave Coordinator will complete Part B (page 2) and forward both pages, along with required documentation to the Bureau of Human Resources for processing.

Employee Name _____ Personnel Number _____

PRINT

Bureau _____ Position Title _____

Read and initial your understanding and acceptance of each requirement:

- ___ 1. I request permission to use donated catastrophic leave. I will exhaust all earned leave credits (personal holidays, deferred holidays, vacation, sick leave, management leave, and compensatory time).
- ___ 2. I have a **non-occupational** (or a qualifying family member has a) catastrophic illness, injury, impairment, or physical or mental condition of such serious nature as to require a long-term absence from work without pay for a minimum of 10 consecutive workdays.
- ___ 3. I understand that I must file with my bureau Catastrophic Leave Coordinator a medical certificate from my or my family member's health care provider verifying eligibility.
- ___ 4. I understand if I am eligible to receive city sponsored salary Long Term Disability (or nonservice disability benefits from FPDR), I must file a claim to receive benefits if my absence is expected to continue beyond the waiting period applicable to my coverage in order to be eligible to receive catastrophic leave donations. I understand that disability benefits will be reduced by other income including but not limited to catastrophic leave and that I cannot receive more compensation than I would have earned if I had not been on leave. Contact BHR Health & Financial Benefits, Linda Erlandsen 823-3404, for information about filing a claim.
- ___ 5. I understand if I exhaust the donated leave before I return to work I may reapply to receive donated leave again. I understand that an employee may receive up to a maximum of 960 hours of leave donations per calendar year, prorated for part-time.
- ___ 6. I understand that donated leave may not be used to extend my employment beyond the point that it would otherwise end by operation of law, rule or regulation. (For example, if I would have otherwise been terminated due to layoff or other reasons, donated leave may not be used to extend my employment.)
- ___ 7. I understand that when I am using donated catastrophic leave, I am not on "pay status" and do not accrue personal holidays, vacation, or sick leave benefits nor do I earn pay for holidays. However, if I am otherwise eligible for City-paid health benefits I understand that I will continue to receive those benefits while using donated catastrophic leave.
- ___ 8. I will contact my bureau Catastrophic Leave Coordinator upon my return to work. At that time, any remaining unused catastrophic leave quota will be divided between my sick and vacation leave quotas.

I authorize posting a request for donations: in all City bureaus in my bureau only do not post

Employee signature _____ Date _____

PART B (To be completed by the Bureau Catastrophic Leave Coordinator)

Complete PART B and forward with all other documentation to the Bureau of Human Resources for processing

Employee's Work Schedule

Provide daily # of hours for week 1 & week 2 of a pay period

	Thu	Fri	Sat	Sun	Mon	Tues	Wed
Week 1:							
	Thu	Fri	Sat	Sun	Mon	Tues	Wed
Week 2:							

Full Time Part Time

Total hours worked each pay period: _____

Workday Start & End Times: _____

Paid leave balance as of _____ (last PPE date closest to the application date for catastrophic leave)

Sick Leave _____

Vacation _____

Deferred holiday _____

Comp time or Management leave _____

TOTAL _____

Employee entered unpaid status _____ (date)

Coordinator must initial each item:

- ___1. I have attached a copy of the employee or family member medical certification
- ___2. I have attached a copy of the employee's leave of absence request and Designation Notice or leave approval by the bureau director.
- ___3. I have attached an SAP report showing any unpaid leave hours already taken by the employee during their leave of absence reported prior to the last PPE date closest to the application date for catastrophic leave.
- ___4. I have notified BHR Health & Financial Benefits (Linda Erlandsen 823-3404) or the Bureau of Fire and Police Disability and Retirement (Main Line 823-6823) that the employee's leave is expected to continue beyond the eligibility waiting period applicable to the employee's coverage

Catastrophic Leave Coordinator signature _____ Date _____

Coordinator telephone and interoffice address: _____

Catastrophic Leave Coordinator Instructions

- Once the application is complete, forward the application and other documentation to the Bureau of Human Resources (106/987).
- If approved, the Bureau of Human Resources will email the approval memo, request for donations posting and the donation form to the Catastrophic Leave Coordinator, the BHR Central Time Administrator, and the Health and Financial Benefits Office.
- If authorized by the employee, the Catastrophic Leave Coordinator will email the donation posting and donation form in his or her own bureau and to other City Catastrophic Leave Coordinators using the Outlook distribution list “HR Cat Leave Coordinator.
- As you receive donation forms, monitor the number of hours donated in comparison to the number of hours approved. Forward donation forms in the order received. If approved retroactively, forward the amount of donations needed to cover unpaid leave in the previous pay period, and then forward the number of hours needed each pay period. Hold the remaining donation forms until the hours are needed. If the employee returns to work before anticipated, forward only the amount of donations needed to cover unpaid leave up to the date of return. Return any unused donation forms to the donors.
- Complete the bureau portion of the donation form; send a copy of the donation form to the BHR Central Time Administration (106/987) for processing.
- Once donations are credited to the employee’s catastrophic leave quota, use donations to correct unpaid leave hours to FMCT (including paid holidays) for leave covered by FMLA and/or OFLA. Use CATP to apply donations for unpaid leave hours not covered by FMLA and/or OFLA. Apply donations chronologically; beginning with the first date the employee enters unpaid status.
- Once the employee has received donations equal to the amount approved, or the amount needed to cover unpaid leave; whichever is less, no further donation forms may be accepted. Send follow-up email to the other City Catastrophic Leave Coordinators to advise that no further donations are needed.
- When the recipient employee returns to work, unused catastrophic leave quota will be added to their sick leave quota bank. Coordinate with the BHR Central Time Administrator to complete this process.