

CATASTROPHIC LEAVE

PURPOSE

To permit employees to transfer eligible leave credits to another UCLA employee when a catastrophic illness or injury befalls that employee or a family member and the affected employee has exhausted all paid leave credits.

DEFINITIONS

- A. Catastrophic Illness or Injury: An illness or injury which is expected to incapacitate the employee or family member and which creates a financial hardship due to the employee having exhausted all paid leave. Catastrophic illness or injury is defined as a physically or mentally debilitating injury or illness to the employee or member of the employee's family.
- B. Eligible Leave: Accrued whole hours may be transferred from one employee to another including vacation, holiday and/or compensatory time. Does not include sick time.
- C. Family Member: Is defined in the sick leave policy or contract article applicable to the employee.

ELIGIBILITY

Eligible leave credits may be donated for a catastrophic illness or injury:

- Upon the request of the employee, and
- Upon review and approval by the department head (or designee) that the employee in the department is unable to work due to the employee's or family member's catastrophic illness or injury, and,
- Upon the employee having exhausted all paid leave.

TRANSFER OF ELIGIBLE LEAVE

- A. Donations are reflected as an hour-for-hour deduction from leave balance(s) of the donating employee.
- B. All contributions must be in increments of eight hours.
- C. Once processed and transferred, donations are irrevocable.

CATASTROPHIC ILLNESS OR INJURY VERIFICATION

- A. In order to receive donated leave, an employee must provide appropriate verification of illness or injury to his/her department head (or designee). An employee eligible for the Catastrophic Leave Program will have any time which is donated to his/her account as hour-for-hour additions to his/her leave balance.

An employee who receives time through this program must first exhaust all paid time including sick leave, vacation leave, holiday pay, and compensatory time and also use any paid leave he/she continues to accrue on a monthly basis prior to receiving time from this program.

PROCEDURE

- A. Both the recipient and donors will use the Leave Balance Adjustment (LBA) form to initiate donations of time. The form is to be completed by the supervisor (or designee) of the recipient receiving donated hours.
- B. The form will list the name and ID# of the recipient or the donor, and the total number of hours being donated by each donor.
- D. The recipient's supervisor must sign each recipient's LBA form being submitted.
- E. The donor and the donor's supervisor must sign each donor LBA form being submitted.
- F. The original Leave Balance adjustment form is to be submitted to Health System Payroll for processing to:
- Health System Payroll, Wilshire Center
10920 Wilshire Bl., Suite 1700
Attn: Catastrophic Leave Processor
Mail Code: 167646
- G. Any additional donations may be sent by e-mail to: HCPayroll@mednet.ucla.edu or by Fax to 310-794-8049.

MISCELLANEOUS

- A. Participation in the Catastrophic Leave Program by employees is on a strictly voluntary basis.
- B. The Catastrophic Leave Program is not subject to any grievance or arbitration policy applicable to the employee.
- C. Donations will be credited to receiving employee in increments to a maximum of four weeks, to coincide with accrual cycle.

EXCEPTIONS TO POLICY

If the recipient is incapacitated and unable to request donations, the recipient's department head may approve the request without the recipient's signature.

FORMS**C. Leave Balance Adjustment Form**

The Leave Balance Adjustment form is available on the UCLA Health Systems – Human Resources web page – *HR Operations – Other Forms*.

<http://hr.uclahealth.org/workfiles/operations/lba.pdf>

REFERENCES**REVISION HISTORY**

Effective Date

Review Date:

Revised Date

APPROVAL

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