1. Who is eligible to receive Catastrophic Leave Donation Program (CLDP) benefits?
   Any CSU employee who:
   - Is on a qualifying and approved leave of absence under FML, NDI, or ADA;
   - Is in a position that accrues sick leave and/or vacation;
   - Has exhausted all accrued leave credits (including sick leave, vacation, personal holiday, and CTO);
   - Has applied for Non Industrial Disability Insurance (NDI) if requesting CLDP for own injury or illness; and
   - Suffers from a catastrophic illness or injury or requests time off work for an extended period to care for an "immediate" family member who suffers from a catastrophic illness or injury. As defined by the appropriate Collective Bargaining Agreement.

   **What is a catastrophic illness or injury?**
   Generally, a catastrophic illness/injury is one that your physician provides medical certification to indicate it is a catastrophic illness, requires hospitalization, and ongoing treatment that necessitates you being totally off work for an extended period of time. Generally, a catastrophic illness/injury must be considered both long-term in nature and require long-term recuperation periods.

2. Am I Eligible to Receive Catastrophic Leave (Cat Leave) Donations?
   If you accrue vacation and/or sick leave, you may receive sick leave or vacation donations if you:
   1. Are experiencing a catastrophic illness or injury
   2. Have exhausted all leave credits normally available to cover the required absence from work
   3. Are totally incapacitated from work
   4. Can provide medical certification from your treating physician to support a request for catastrophic leave donations
   5. Have been approved for Catastrophic Leave Donation Program

3. What If My Spouse, Domestic Partner, Child or Parents Become Seriously Ill?
   If eligible, the CLDP may be used when an eligible family member is incapacitated and the treating physician certifies that you are required to be totally off work for an extended period of time to care for the family member. In this instance, eligible employees must be aware of the following:
   1. The employee must exhaust all accrued sick and vacation leave credits (as per collective bargaining agreement)
   2. The eligible family member is that which is defined within the provisions of the respective collective bargaining agreement covering the recipient employee
   3. Only vacation credits can be donated for use in the CLDP associated with family care
   4. Academic employees who do not accrue vacation may receive donated vacation credits for family care

4. How Long May I Participate in this Program?
   The total donated leave credit shall normally not exceed three calendar months, calculated from the first day of CLD use. An additional three-month period may be approved in exceptional circumstances.

5. May I Receive CLD If I Am Currently Receiving Benefit with the University's Disability Leave Programs?
   The purpose of the CLDP is to supplement any disability benefits for which the employee is eligible. Donated leave credits may be used to supplement Industrial Disability Leave (IDL), Non-Industrial Disability Insurance (NDI) or Temporary Disability (TD).
   If you are eligible for NDI, catastrophic leave can only be used to supplement the NDI. If you are not eligible for NDI, catastrophic leave may be used without supplementation with disability leave.

6. Who Is Eligible To Coordinate a Catastrophic Leave Donation Campaign On My Behalf?
   The campaign manager can be a colleague, family member, or the union designee that represents employees within the respective Unit. The campaign manager shall be informed of the importance of maintaining confidentiality, and that all donations are confidential.

7. What Are The Responsibilities Of The Campaign Manager?
   Once in receipt of a letter authorizing your participation in the CLDP, the campaign manager shall prepare and email donation request to other colleagues, on your behalf, to donate their leave. Your campaign manager is advised to consult with you regarding the colleagues, employee groups or departments on campus who should receive the request for donations.

8. How Do I Know How Much Donated Leave Is Needed?
   The amount of leave needed to maintain full pay for a full-time employee, will be determined by a few factors. They include:
   1. If there are any other possible Disability Leaves Benefits you may be receiving, e.g., Non Industrial Disability (NDI),
2. Your own sick leave and vacation accrued from the prior pay period, prior to commencement of catastrophic leave. Generally, you will need between approximately 120 to 159 hours per month of donated leave, in order to maintain full pay, for a full time employee. For a specific calculation of the number of hours of donated leave required, please contact Dao VanQuate, Leave Program Manager at daov@sfu.edu or by phone at 415-405-3661.

- **How Do I Know How Much Leave Has Been Donated And Used?** Questions regarding the specific amount of catastrophic leave needed, the catastrophic leave donated, and catastrophic leave balance should be directed to Dao VanQuate, Leave Program Manager at daov@sfu.edu or by phone at 415-405-3661.

- **How Do I Know If I Have Received Payment For the Catastrophic Leave Donations?** Questions the status of payment(s) equivalent to the catastrophic leave donated should be directed to Dao VanQuate, Leave Program Manager at daov@sfu.edu or by phone at 415-405-3661.
Catastrophic Leave Process

The following is intended as a guide to the process for requesting catastrophic leave. The information includes the responsibilities of the employee requesting leave, the campaign manager, notification process for eligibility, in addition to general information about catastrophic leave.

A. Request To Participate in the Catastrophic Leave Program

- You or your campaign manager (e.g., manager/supervisor, co-worker or family member), must submit a letter to the Associate Vice President, Human Resources, Safety & Risk Management and the Dean or Director of the college/department in which you are employed, requesting participation in the Catastrophic Leave Program. There must be a statement attached from your treating physician, which indicates the seriousness of the injury/illness, whether or not surgery and/or hospitalization is required, and the anticipated dates you will be required to be off work in order to receive treatment and recover.

- Your request is forwarded to the Human Resources, Leave Coordinator. The Leave Coordinator shall:
  1. Review the request submitted.
  2. Contact you in order to gather additional information concerning your request for the catastrophic leave donation program including, your last day worked and the date on which your leave credits will be exhausted.

- Your completed request to participate in the catastrophic leave program is forwarded to Wanda Humphrey, Director, Benefits & Retirement Services, who reviews and authorizes use of catastrophic leave.

B. Approval to Participate in the Catastrophic Leave Program

- The Director shall notify the Leave Coordinator if you are approved for catastrophic leave. The Leave Coordinator shall:
  1. Send you a letter confirming approval for Catastrophic Leave Donation (CLD)
  2. Forward copy of the CLD form to the campaign manager with instructions to copy and distribute as part of generating leave donations.

C. Campaign Manager Solicits Donations

- If approved, your campaign manager will:
  1. Distribute the Catastrophic Leave Donation (CLD) forms to employees on campus.
  2. Gather the forms and tally the hours donated
  3. Send the forms in a complete package to Human Resources, ADM 252.

D. Making Leave Donations

- Employees wishing to donate leave credits may do so by completing a CLD form and returning it to the campaign manager
- Any employee who accrues sick and/or vacation leave may donate leave credits to any other employee, regardless of bargaining unit representation.
- Only sick leave or vacation credits may be donated.
- For catastrophic leave related to family care, only vacation credits may be donated.
- The maximum amount of leave an employee can donate, is indicated in the table below:

<table>
<thead>
<tr>
<th>C/LD</th>
<th>1 Physicians</th>
<th>2, 5, 7, 9 CSEA</th>
<th>3 Faculty</th>
<th>4 Academic Support</th>
<th>6 Trades</th>
<th>8 Public Safety</th>
<th>11 UAW (TA Only)</th>
<th>MPP CONF</th>
<th>E99 Excluded</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAX HRS</td>
<td>1-16</td>
<td>1-40</td>
<td>1-40</td>
<td>1-40</td>
<td>1-40</td>
<td>1-16</td>
<td>1-16</td>
<td>1-40</td>
<td>1-40</td>
</tr>
</tbody>
</table>

E. Catastrophic Leave Donation (CLD) Processing

- The leave donation forms are sent either in a complete package by the campaign manager, or individually by donors to Human Resources, ADM 252.
- Payroll Systems collate the donations and administer pay to the employee requesting catastrophic leave.
- Questions regarding the specific amount of catastrophic leave needed, the catastrophic leave donated, and catastrophic leave balance, in addition to payment of catastrophic leave should be directed to Human Resources, at (415) 338-1872.
**Employee Instructions**

1. Review the Catastrophic Leave Donation Program (CLDP) Guidelines (page 2).
2. Complete Section I and then have your Health Care Provider complete Section II of this form.
3. Fax to (415) 338-0521 or mail this form to the Leave Unit, Office of Human Resources 1600 Holloway Ave., ADM 252 SF, CA 94132

**Section I: Employee Statement**

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee ID:</th>
<th>Personal Phone Number:</th>
</tr>
</thead>
</table>

Current Mailing Address (Street, City, State & Zip):

I am requesting participation in the CLDP for the following reason:

- [ ] My own catastrophic illness or injury
- [ ] To care for an "immediate" family member who suffers from a catastrophic illness or injury
  as defined by the appropriate Collective Bargaining Agreement.

Name and relationship of family member for whom you will provide care:

Catastrophic Campaign Manager Designee:
I designate ________________________________ to serve as my Catastrophic Campaign Manager.

My signature authorizes my health care provider to provide the necessary information requested below to my employer for the purpose of certifying the catastrophic nature of my medical leave and expected duration so that I may participate in the Catastrophic Leave Donation Program.

**Employee Signature**

Date

**Section II: Health Care Provider Certification**

According to the Catastrophic Leave Donation Program Guidelines, a qualifying illness or injury is one that is:

- Catastrophic in nature (may require hospitalization and requires ongoing treatment that necessitates the employee to take time off work for an extended period of time. Chronic conditions may be considered catastrophic, even if the condition results in only intermittent absences), illness or injury that has completely incapacitated the employee from performing his or her normal work duties.
- An employee may also qualify if he or she is required to take time off work for an extended period of time to care for an immediate family member who suffers from a catastrophic illness or injury.

Does your patient's condition fit one of these descriptions? [ ] Yes [ ] No

First date of disability (or first day employee missed work to care for incapacitated family member) was or will be: ______________________

Estimated return to work date: ______________________

The University is committed to providing a temporary transitional employment assignment whenever possible. If a reduced work schedule or modified work duties would allow the employee to return to work sooner, please elaborate: ______________________

Provider Name (You may attach a business card in lieu of completing this section)

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Practice / Medical Specialty</td>
<td>License Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Fax</td>
<td></td>
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</tr>
</tbody>
</table>

Signature below verifies that the information provided above is true and accurate.

**Health Care Provider Signature**

Date

[ ] Approved [ ] Not Approved

Executive Director, Human Resources

Date

Rev 12/2017