



SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

June 27, 2013

To: Santa Monica College Employees

A handwritten signature in black ink, appearing to read "Marcia Wade".

From: Marcia Wade
Vice-President, Office of Human Resources

Re: **Catastrophic Illness/Injury Leave Donation Program** (Board Policy 3115)
REQUEST FOR DONATIONS

The purpose of the Catastrophic Leave Donation Program is to ensure that an employee with a catastrophic illness/injury continue to receive medical benefits and their regular salary during recovery to the fullest extent possible. The maximum duration of the program is 12 months.

The Catastrophic Leave Donation Form is on page 2 of this letter. If you wish to provide a donation to the Catastrophic Illness/Injury Leave Donation Bank, please complete the form and return to the Office of Human Resources.

Please note the following stipulations:

Per the SMC FA-SMCCD Agreement, Appendix P: Leave Bank

1. Any employee may donate accumulated leave but MUST retain no fewer than (20) days or 160 hours of sick leave in his/her personal account. An employee who is retiring or terminating and wishes to donate unused sick leave may do so with no limitation; 50% of their donation will be credited to the leave bank.
2. Accumulated vacation days/hours may be donated with no restriction.
3. All donated days/hours are irrevocable.
4. Unused donated days will revert to the Leave Bank for use by other catastrophically ill or injured employees who request and are approved to use days/hours from bank.
5. Donated sick leave or vacation days/hours are credited and charged on the basis of day-for-day regardless of the classification and/or salary of either the donee or the donor.
6. Leave may be donated either to an individual or to the District-wide leave bank at the option of the donor.

Per the SMC-CSEA Agreement, Section 7.14.1, Leave Bank:

- a. Any employee with sick leave credit may donate leave. However, at least twenty (20) days or 160 hours of sick leave MUST BE RETAINED in his/her personal account. An employee who is retiring or terminating and wishes to donate unused sick leave may do so without limitation; 50% of their donation will be credited to the leave bank.
- b. Accumulated vacation days/hours may be donated without restriction.
- c. All donated days/hours are irrevocable.
- d. Unused donated days will revert to the Leave Bank for use by other catastrophically ill or injured employees who request and are eligible to participate.
- e. Donated sick leave or vacation days/hours are credited and charged on the basis of **day-for-day** regardless of the classification and/or salary of either the donor or the donee.
- f. Leave may be donated either to an individual account or to the District-wide Leave Bank at the option of the donor.

You may specify on the Catastrophic Leave Donation Form whether you wish to donate hours or days of either ill time or vacation time specifically to the general Catastrophic Leave Bank.

Please submit the form to Laurie Heyman, Office of Human Resources. If you have any questions, please contact Ms. Heyman, at extension 4987, or by email, Heyman_laurie@smc.edu.

Thank you.

CATASTROPHIC LEAVE DONATION FORM (Board Policy 3115)

Please complete, sign and return to the attention of Laurie Heyman, Office of Human Resources, 1900 Pico Boulevard, Santa Monica, CA 90405. You will receive a copy of this form verifying the action. All information on this form is confidential.

Leave may only be donated to employees who have been determined to be eligible. Any unused leave will be transferred to the District-wide Leave Bank. If you are aware of a specific employee requesting donations, you may designate days/hours to the individual(s).

I understand the terms and conditions of the Catastrophic Leave Donation Program and I wish to contribute illness leave and/or vacation *time* as specified below. I understand that the amount(s) indicated will be deducted from my accumulated illness or vacation leave as specified by me.

I also understand that this donation is voluntary and I authorize the District to use my leave as indicated for either individual(s) specified below or to the District-wide Catastrophic Leave Bank.

Print Your Name	Telephone Number

Number of Illness Leave Days/Hours To be Donated	Number of Vacation Days/Hours To be Donated
_____ Days _____ Hours	_____ Days _____ Hours

MY DONATION SHOULD BE APPLIED IN THE FOLLOWING MANNER:

_____ My leave is to be donated to: _____

_____ District-wide Catastrophic Leave Bank. This leave will be available to any employee who has been approved by the Catastrophic Leave Committee.

Signature: _____ Date: _____

Human Resources/Payroll ONLY

Number of days/hours deducted from earned illness:	_____
Number of days/hours deducted from earned vacation:	_____
Balance remaining in donated illness leave bank:	_____
Donation transferred to district-wide leave bank:	_____
Donation transferred to employee(s) listed above:	_____
Processed in payroll by: _____	Date: _____
Human Resources Approval: _____	Date: _____
Copy mailed to employee donating time:	Date: _____