

CATASTROPHIC COMPASSION LEAVE FORM

SECTION I: TO BE COMPLETED BY EMPLOYEE DONATING TIME

Under the Catastrophic Compassion	Leave Policy, I	agree
to transfer hours of my accrued	(Employee Name –	Giver)
during his/her illness or family med	(Employee Name – ical/personal issue. I understan	Receiver) and that these hours will be
deducted from my current PTO bala	nce and therefore will be unava	ailable for my future use. I
further understand that neither the en	mployee receiving the hours no	or REGIONAL ONE
HEALTH will in no way be required	d to return or reinstate the hour	s once they are donated.
Employee Signature	Employee #	Date
SECTION II: TO BE COMPLET	TED BY TIMEKEEPER/DEI	PARTMENT HEAD
	's current PTO balanc	e is A total
of hours will be transferred to	the Sick or PTO balance (depen	nding on reason for leave) of
for th	e pay period indicated by the F	Iuman Resources department
in accordance with the above agreer	nent signed and dated by the do	onating employee. Likewise,
the balance of the donating employe	e will be adjusted during the sa	ame period.
		-
Department Head Comptons	Deat #	Dete
Department Head Signature	Dept #	Date
Timekeeper Signature	Date	_
Timekeeper Signature	Dutc	
SECTION III: TO BE COMPLE	TED BY THE HUMAN RES	OURCES DEPARMENT
Received; Giver's bala	nce verified/	
Date Hours transferred in pay period	Date Hours	
Notes:		
Processed by		Date

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CATASTROPHIC COMPASSION LEAVE FORM PROCEDURES

Upon receipt of the catastrophic leave form, Human Resources will contact the designated employee's Supervisor, Manager, or Director for verification, in writing, of the reason for the leave.

Human Resources will confirm or deny whether the reason for the leave adheres to the established guidelines.

Upon confirmation that the leave adheres to established guidelines, Human Resources will process the request for hours to be donated. Human Resources will give donated PTO or sick hours to the designated employee (the receiver) and will deduct the PTO hours from the bank of the donating employee.

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CATASTROPHIC COMPASSION LEAVE FORM GUIDELINES

This information is a guideline to determining eligibility for Catastrophic Leave donation.

- I. The designated employee (the receiver) must be out of PTO and/or sick (whichever is applicable to the situation) or the hours they currently have will be insufficient for the amount needed to cover the leave.
- II. Employees with unforeseen, emergency, and/or medical issues with themselves, spouse or family member could be eligible. Employees who have not yet accrued time or does not qualify for PTO, Sick, or Funeral leave could also be eligible. Each situation is determined on case by case basis because each is unique. The timekeeper/manager will receive direction on the appropriate pay codes to utilize.
- III. The donating employee (the giver) must have at least 8 hours of PTO available to be eligible to donate time. This is to ensure there is adequate time to cover you should an event arise.

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