2.2.5 CRISIS LEAVE

I. Authorization

The Crisis Leave Program is established and approved by Civil Service Rule 11.34, Crisis Leave Pool.

In addition, this policy is approved by the Chancellor at Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S) and applies to all eligible classified and unclassified employees.

II. Purpose

The Crisis Leave Program provides paid leave to an eligible employee when either the eligible employee or eligible family member experiences a catastrophic illness or injury. The program is designed to assist employees who, through no fault of their own, do not have a sufficient leave balance to cover the crisis leave period.

III. Definitions

Eligible Employee— an employee of LSUHSC-S who is eligible to earn annual leave in accordance with PM-20 and has at least one year of continuous employment at LSUHSC-S. Classified employees must have attained permanent status to donate or use crisis leave.

Eligible Family Member:

• Spouse - husband or wife as defined or recognized under State law for purposes of marriage.

• Son or Daughter- biological, adopted, or a foster child, stepchild, legal ward, or a child of a person standing in loco parentis, who is either under age 18 or age 18 or older and “incapable of self-care” because of a mental or physical disability.

• Parent - biological or an individual who stands or stood in loco parentis to an employee when the employee was a child.

Health Care Provider - A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices.
**Catastrophic Injury or Illness** – a serious illness, injury, impairment, or physical condition of an eligible employee or eligible family member of an employee that involves:

- any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical care facility, or

- any period of incapacity or treatment requiring absence from work, school, or other regular daily activities of more than ten calendar days that also involves continuing treatment by a health care provider, or

- continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or so serious that, if left untreated, would likely result in a period of incapacity of more than ten calendar days and forces the employee to exhaust all appropriate leave in accordance with PM-20 and to lose compensation from the state.

**Leave Pool Committee** – consists of the Director of Human Resource Management; Assistant Director, Benefits and Employee Records and the Leave Pool Manager. The Leave Pool Manager is responsible for managing the donated and allocated leave dollars and to provide leave history to the Crisis Leave Committee.

**IV. Eligibility Requirements**

An eligible employee may apply to receive crisis leave if the following requirements are met:

- The employee or employee’s eligible family member suffers from a catastrophic illness or injury; and

- The employee has exhausted all appropriate leave in accordance with PM 20; and

- The employee has exhibited satisfactory attendance; and

- The catastrophic injury or illness is not occupationally related (which would make the employee eligible for workers’ compensation) or was not attained in the commission of an assault or felony; and

- The appropriate documentation from a health care provider is provided to the Leave Pool Manager.

An employee is not required to contribute to the Crisis Leave Pool to be eligible to receive crisis leave.

The Leave Pool Manager determines the amount of crisis leave granted for each
catastrophic illness or injury. The amount of leave granted to an employee will generally reflect the recommendations of the health care provider, subject to the following limits:

- A maximum of 240 hours may be requested by an employee during one calendar year.
- Crisis leave shall not be granted to any individual to extend paid leave status beyond a total time in leave status of 12 continuous weeks per calendar year.
- The total amount (value) of leave granted shall not exceed 75% of the total value of the Crisis leave pool.
- The value of the crisis leave granted may not exceed 75% of the employee’s base pay received in a regular workweek and the employee will not accrue leave while using crisis leave.

V. Donation Procedures & Process

Contributions to the Crisis Leave Pool are strictly voluntary; no employee shall be coerced or pressured to donate leave. An employee donating to the leave pool may not designate a particular employee to receive the donated leave. Employees may donate annual leave only (no sick leave). Donations are accumulated in the pool and awarded on a first-come, first-served basis to eligible employees. Donations are limited to the following terms:

- An employee may donate a minimum of 8 hours of annual leave; donations above 8 hours shall be made in whole hour increments.
- The donor must have a balance of at least 120 hours of paid annual leave remaining after the contribution.
- Donations are limited to 240 hours of annual leave per employee per calendar year.
- Donations are limited to 120 hours of annual leave upon separation or retirement.
- Donations are irrevocable.

Donation Process

The employee must complete a leave form and designate the leave as a “Donation to the Crisis Leave Pool”. The donated hours will be calculated at the donor’s rate of pay at time of donation. This form must be returned to the department or unit leave keeper. The department or leave keeper will forward the slip to the Leave Pool Manager.

VI. Request Procedures

An employee may request leave from the Crisis Leave Pool by completing a Crisis Leave
Request Form. A statement from the employee’s Health Care Provider must accompany the request. The request and accompanying documentation is submitted to the Leave Pool Manager. The Leave Pool Manager reviews the request to make sure that the employee is eligible to receive crisis leave.

The employee requesting crisis leave must provide all requested information necessary to make a final determination of eligibility. The documentation must include:

• Detailed description of the illness or injury, including any requested information in making a final determination of eligibility to include FMLA paperwork, and
• Prognosis for recovery, if the request is for an employee, and
• Anticipated return-to-work date, and
• Documentation as requested by the Leave Pool Manager to establish eligibility of a family member.

All requests for crisis leave will be treated as confidential. HRM will maintain separate and confidential records on all crisis-leave recipients. Requests proceed directly to the Leave Pool Manager for approval.

Each request will be date and time stamped upon receipt by the Leave Pool Manager, and handled on a first-come, first-served basis. When possible, a request is to be submitted at least 10 days before and no later than 30 days after the crisis leave is needed. The Leave Pool Manager may approve all of the request or part of the request, or deny the request. The Leave Pool Manager will communicate such approval or denial to the employee.

The Leave Pool Manager will also notify the recipient’s department once crisis leave has been granted.

If the request is approved, the Leave Pool Manager will update the appropriate leave record and Leave Crisis Spreadsheet. Any approved crisis leave is used and documented in accordance with the same procedures as regular paid leave taken by the employee.

VII. Changes in Status Affecting Crisis Leave

The granting of crisis leave is meant to cover only the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or of any other factor on which the approval was based, the employee must provide documentation describing the change to the Leave Pool Manager. The employee can request more crisis leave subject to the limits outlined above; however, extensions of crisis leave are not automatic. Each extension must be reviewed, and if approved, will be done so on a first come, first-served basis.

Hours granted from the Crisis Leave Pool may be used only for reasons stipulated in
the approved request. The use of the Crisis Leave Pool that is not in accordance with procedures and requirements outlined in this policy may constitute payroll fraud and may result in disciplinary action up to and including termination, and/or criminal prosecution.

Employees who are able to return to work before using all of their granted crisis leave must return the unused leave to the Crisis Leave Pool.

VIII. Compensation and Benefits

Crisis leave will be paid at the receiving employee’s base rate of pay (excludes special pay, shift differentials and supplemental pay) and may not exceed 75% of their regularly scheduled workweek.

An employee on crisis leave will continue to receive benefits as appropriate.

Employees on crisis leave will not continue to accrue paid leave, sick or annual (in accordance with Civil Service rule 11.5(a)).

IX. Financial Impact

The recipient’s employing unit (department) will bear the cost of the crisis leave period. HRM will maintain crisis leave pool records based on the dollar value of leave donated and used.

X. Appeals

The decision to approve or deny crisis leave by the Leave Pool Manager is final and not subject to appeal.
Crisis Leave Donation

I, ____________________________, without coercion or pressure, donate _____ hours of my earned Annual Leave. (The minimum donation is 8 hours. You may donate up to 240 hours per calendar year. Donations must be made in whole hour increments. You must have a remaining balance of 120 hours of annual leave after donation. Donations at separation/retirement are limited to 120.)

• I understand that the voluntary donation is irrevocable and will reduce my annual leave balance by the number of hours as stated above.

• I understand that my identity as a donor will be kept confidential.

• I understand that I may not stipulate who is to receive the donation of leave.

__________________________  __________________________  __________
Employee Name (Please Print)  Social Security Number  Date

__________________________  __________________________
Employee Signature  Total # of hours at time of donation

Approved / Not Approved  __________________________  __________
Leave Pool Manager Signature  Date

(If your donation is either not approved or is partially approved, a memo of explanation will be returned to you with this form.)

This Crisis Leave Donation Form must be submitted to the Leave Pool Manager, Office of Human Resource Management. Administration Building, Room 116.

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donating Employees rate of pay: $__________  As of (date): __________</td>
</tr>
<tr>
<td>Total Donation: _______<em>(# of hours) x <em><strong><strong><strong><strong>(pay rate)= $</strong></strong></strong></strong></em></em></td>
</tr>
</tbody>
</table>

Date Donation was sent to Payroll for Processing
Crisis Leave Request

PERSONAL INFORMATION (Complete all information. Please print.)

Employee Name: ____________________________________________________________
Employee Social Security Number: ________________________________
Employee Address: _______________________________________________________________________
Home Phone: __________________________ Work Phone: ________________________________
Department: __________________________ Supervisor Name: __________________________

I, or my eligible family member/relation, have a crisis situation that may qualify me for crisis leave as outlined in the Crisis Leave Policy. I have attached my Family Medical Leave Act (FMLA) or Crisis Leave documentation which may include: physician’s certificate which provides information about the patient's condition, nature of illness/injury, any relevant medical history, type of treatment prescribed, prognosis and the ability to return to work. I am requesting _______ hours of Crisis Leave (240 hour limit per calendar year) to cover the following time frame:

_______________________ _______________________
From - Start Date To - End Date

I understand that the value of Crisis Leave granted cannot exceed 75% of the pay I would receive in a regular workweek. I also understand that I will not accrue leave while receiving Crisis Leave.

_____________________________
Employee Signature ____________________ Date

Approved / Denied: ______________________________ Leave Pool Manager Signature ____________________ Date

This crisis leave request form must be submitted to the Leave Pool Manager, located in the Benefits office in the Administration Building, Room 116. Requests should be made at least 10 days before (when possible), and no later than 30 days after the crisis leave is needed. The Leave Pool Manager will contact you within 5 workdays about the status of the request.

The request must be accompanied by the appropriate documentation.

For Office Use Only

Employee Payrate at time of request: __________________________
Total Request: ________(# of hours) x ________(pay rate) = $ ________