

## TTA Catastrophic Leave Rules and Procedures:

**What is Catastrophic Leave?** Catastrophic leave allows unit members to donate sick leave credits through the Catastrophic Leave Bank to other unit members suffering from a catastrophic illness or injury.

**The Article XIV, section H. of the TTA/TUSD Collective Bargaining Agreement (CBA) states:**

*Catastrophic leave allows unit members to donate sick leave credits through the Catastrophic Leave Bank to other unit members suffering from a catastrophic illness or injury.*

*Definitions: "Catastrophic illness" or "injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates the spouse or dependent child of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he or she has exhausted all of his or her sick leave and other paid time off.*

*The District and TTA will establish procedures which will outline how employees may utilize the provisions of the catastrophic leave program.*

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### **Rules and Procedures:**

1. The Catastrophic Leave Bank shall be administered by a committee comprised of three (3) members appointed by the Association. It is recommended that committee members shall serve for a three (3) year term with the first appointments being staggered terms of one, two, and three year durations.
2. All unit members are eligible to contribute to the Catastrophic Leave Bank on a voluntary basis. A unit member's contribution must be made on the appropriate form and shall be authorized by the unit member. Eligible sick leave credits must be donated at a minimum of one day (6 hours) and in full-day (6 hour) increments thereafter. All sick leave credit contributions made to the Bank are irrevocable. Contributions will not negatively impact the Sick Leave Incentive Program.
3. To ensure that unit members retain sufficient accrued sick leave to meet the needs that normally arise, donors shall preserve their accumulated sick leave at a minimum of twenty days (120 hours).
4. A unit member must use all of their accumulated sick leave, but not difference pay as defined in Article XIV, Leaves, Section G.10. b., in order to be eligible for a withdrawal from the Catastrophic Leave Bank.
5. If a unit member is incapacitated, applications may be submitted to the Committee on the appropriate form by an agent of the unit member or member of the unit member's immediate family.
6. Withdrawals from the Catastrophic Leave Bank shall be granted in units of no more than twenty (20) duty days. Unit members may submit requests for extensions of withdrawals as their prior grants expire. A unit member's withdrawal from the Bank may not exceed the statutory maximum period of twelve consecutive months.
7. Unit members applying to withdraw or extend their withdrawal from the Catastrophic Leave Bank may be required to submit:  
1) verification by means of a letter, dated and signed by the ill or injured person's physician or medical professional, indicating the incapacitating nature and probable duration of the illness or injury, and/or 2) a statement describing their financial hardship. All such information shall be kept confidential.
8. The Catastrophic Leave Bank Committee shall have the responsibility of receiving withdrawal requests, verifying the validity of requests, approving or denying the requests, and communicating its decisions to the unit member requesting withdrawals of sick leave time, to the Association, and to the District Personnel Department.
9. If the Catastrophic Leave Bank does not have sufficient days to fund a withdrawal request, the Committee is under no obligation to provide days to the unit member. If the Committee denies a request for withdrawal, or an extension of withdrawal, because of insufficient days in the Bank, they shall notify the unit member of the reason for the denial.
10. The Committee's authority shall be limited to administration of the Bank. The Committee shall approve all properly submitted requests complying with the terms of this Article. Withdrawals may not be denied on the basis of the type of illness or disability that meet the definition of a catastrophic illness.
11. The Committee shall make every effort to review applications, approve or deny requests, and communicate decisions, by phone or in writing, to the applicants within thirty (30) days of receipt of the application.

Updated: January 25, 2019

# TUSD CATASTROPHIC LEAVE BANK REQUEST FOR SICK LEAVE DAYS

Jointly administered by  
*Torrance Unified School District and Torrance Teachers Association*

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
WORK SITE \_\_\_\_\_

<p><i>For Committee Use:</i></p> <p>Request approved for</p> <p>_____ days</p>
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<p><b>Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), your medical/health information is confidential and may not be disclosed to the Catastrophic Leave Committee without your consent. Please complete and sign the following as your directive regarding any medical/health information included in your leave request:</b></p> <p><b>Yes, I authorize medical information included herein to be shared with the Catastrophic Leave Committee.</b></p> <p><b>No, I <u>do not</u> authorize medical information included herein to be shared with the Catastrophic Leave Committee.</b></p> <p>Signature _____ Date _____</p>
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I am requesting \_\_\_\_\_ days of sick leave from the catastrophic sick leave bank in accordance with the rules and procedures (see attached). Provided below is a statement describing the circumstances of my request and financial hardship. Please attach any additional information pertinent to your request.

I will have exhausted my sick leave as of \_\_\_\_\_ (last day of sick leave).  
(date)

**Please attach verification by means of a letter, dated and signed by the ill or injured person's physician or medical professional, indicating the incapacitating nature and probable duration of the illness or injury.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date