



SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

May 10, 2011

To: Santa Monica College Employees

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

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

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

An employee, a sworn member of the Campus Police, has requested and is eligible for participation in the District's Catastrophic Illness/Injury Leave Donation Program. The purpose of this 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 the reverse side of this letter. If you wish to provide a donation to either the individual (please call the Office of Human Resources to obtain the name of the individual) or to the Catastrophic Illness/Injury Leave Donation Program, please complete the form and return to the Office of Human Resources by May 20, 2011.

Please note the following stipulations:

The Campus Police are following stipulation of SMC-CSEA Agreement until a separate agreement is negotiated with the SMC Police Officers' Association.

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 days specifically to the employee listed, or to the general Catastrophic Leave Bank. Any days specified for the individual employee will be applied to that employee's need for leave days. However, any days not used by the specific employee will be transferred to the general Catastrophic Leave Bank.

Please submit the form to Laurie Heyman, Office of Human Resources by Friday, May 20, 2011. If you have any questions, please contact Ms. Heyman, at extension 4987, or by email, Heyman_laurie@smc.edu.

Thank you.



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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.

Form with fields for Print Your Name, Telephone Number, Number of Illness Leave Days/Hours To be Donated, and Number of Vacation Days/Hours To be Donated.

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

Form with fields for 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, Human Resources Approval, and Copy mailed to employee donating time.