



**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
RIVERSIDE UNIFIED CHAPTER 506
CLASSIFIED UNIT MEMBERS
CATASTROPHIC LEAVE BANK OPEN ENROLLMENT**

September 1 through December 1

Classified Unit Member Catastrophic Leave Bank Details – Article 13.22

SECTION #1 ENROLLMENT REQUIREMENTS

- 1. Classified Unit Member – Participation/Eligibility:**
 - a. Minimum 1 year of service in the district (75% of the school year)**
 - b. Minimum of 10 days of accumulated sick leave**
 - c. Must donate minimum of 1 day accrued sick or vacation leave by December 1**
- 2. Catastrophic Leave Bank is operational only after adequate donations are received. The donated balances are verified after open enrollment is completed,**
- 3. Donations to the bank are irrevocable once approved and all decisions made by the Catastrophic Leave Bank Committee on distribution and applications are final.**

SECTION # 2 WITHDRAWALS – REIMBURSEMENTS RULES

- 1. Withdrawals from the Bank:**
 - a. Mandatory 30 day waiting period after enrollment**
 - b. Completion of Leave Bank Withdrawal Application & Doctor Verification Form**
 - c. Catastrophic Leave Committee Approval**
- 2. Reimbursements to the Bank:**
 - a. Reimbursements begin at the rate of 1 day per year until you reimburse the bank for the days withdrawn from the account. This begins when you return to your regular job duties.**

SECTION # 3 ENROLLMENT PROCEDURES

- 1. Complete the Catastrophic Leave Bank Classified Enrollment Form – This will be available on the RUSD website.**
- 2. Submit the form to the Chapter 506 Treasurer by December 1st for processing. This can be either in person or by district mail.**
- 3. Read the contract “Article 13.22” for a full explanation of the Catastrophic Leave Bank – if you have any questions/concerns you can contact the Chapter 506 Treasurer for help in resolving them.**

CATASTROPHIC LEAVE BANK – QUESTIONS/ANSWERS

Q: What is the Catastrophic Leave Bank?

A: The Catastrophic Leave Bank is a bank of donated sick/vacation days overseen by CSEA Chapter 506 and RUSD as a benefit for unit members who have exhausted their sick/vacation time due to an extended illness or hospitalization.

Q: What is the intent and conditions covered by the bank?

A: The bank provides, upon approval by the Catastrophic Leave Bank Committee additional protection of up to 20 days paid sick leave for a unit member who incurs a period of prolonged illness/injury or hospitalization. An additional 20 days can be approved by reapplying to the committee.

Q: Who oversees the bank and makes decisions on its eligibility?

A: The Catastrophic Leave Committee: 3 CSEA Members and 3 RUSD Members

Q: How do I qualify and participate?

A: You must have a minimum 1 year of employment (75% of school year) and a minimum of 10 accumulated sick leave days. You must have a qualifying serious illness or injury and have no paid leave available (sick, vacation, comp time or industrial injury leave). A withdrawal form must be submitted with the doctor's verification form noting your estimated date of return to work. Submit this to the Chapter 506 Treasurer for review by the Catastrophic Leave Bank Committee.

Q: When can I enroll and how many hours constitute 1 day of donation?

A: Open enrollment is Sept 1 – Dec 1 every year. Your current work day equals 1 day of donation regardless of full or part time employment.

Q: How do I pay the bank back if I make a withdrawal of days?

A: If you withdraw from the bank, upon return to duty you will donate 1 day minimum of accrued sick or vacation per year until the donation equals the amount received from the bank on the original withdrawal.

Q: How do I access the forms for enrollment or withdrawal?

A: All of the forms needed are accessible on the RUSD website and can be accessed either at work or at home from your computer.

Q: What if my form is lost or not received in time for processing?

A: We will send out a reminder notice via email 7 days prior to close of enrollment to make sure that all who wish to participate can enroll. Enrollment forms will be accepted until 4:30 on Dec 1st by the Chapter 506 Treasurer and stamped in as received. Any forms received after this deadline will not be processed.

Q: If I still have questions, where can I get them answered?

A: You may contact the Chapter 506 Treasurer for questions not covered here.

RIVERSIDE UNIFIED SCHOOL DISTRICT

<p style="text-align: center;">CATASTROPHIC LEAVE BANK CLASSIFIED ENROLLMENT FORM ENROLLMENT PERIOD: SEPT 1 TO DEC 1</p>

Name: _____ School Site: _____

Employee # _____ Years in District: _____ Workday Hours: _____

Current Accumulated Sick Leave Hours: _____ (latest pay stub)

Current Accumulated Vacation Leave Hours: _____ (latest pay stub)

Please indicate the number of days you wish to donate to the Classified Unit Member Catastrophic Leave Bank. The minimum donation is (1) day – maximum is (8) days.

I hereby irrevocably donate to the Classified Unit Member Catastrophic Leave Bank:

_____ Day(s) of my accumulated sick leave

_____ Day(s) of my accumulated vacation leave

I am aware that no classified unit member may donate any sick leave days unless the unit member has a minimum of (10) earned days. I understand the noted number of paid sick/vacation leave time days will be deducted from my accrued sick/vacation leave. I further understand that this donation adheres to the Classified Catastrophic Leave Bank provisions in the Classified Contract. To the best of my knowledge, the noted information is correct and binding.

I fully understand and agree to hold RUSD and our CSEA Chapter 506 harmless for any claims or liabilities that may arise out of authorizing the attached donation form.

Signature: _____ Date: _____

Applications must be sent to the CSEA Chapter Treasurer through district mail and received no later than Dec 1 at the close of the business day. Once received, they will be reviewed, processed and notification sent to the employee via district mail.

For Committee Use Only

Received/Enrolled: _____ Approved: _____ Disapproved: _____

RIVERSIDE UNIFIED SCHOOL DISTRICT

CLASSIFIED CATASTROPHIC LEAVE BANK WITHDRAWAL APPLICATION

Name: _____ Job Site: _____
Employee # _____ District Years: _____ 1st Request: _____ 2nd Request: _____
Sick Leave Balance: _____ Vacation Leave Balance: _____
Number of Days requested for withdrawal: _____ Reason: _____

No more than (5) days for each day previously deposited into the Classified Catastrophic Leave Bank by the unit member may be withdrawn for a single injury/illness. Initial request not to exceed (20) days total per employee.

I understand that this application authorizes the Catastrophic Committee to review my attendance history. Upon my return to duty I agree to have donations commence to the Catastrophic Leave Bank of a minimum of (1) day of my accumulated sick or vacation leave per year until my total payback equals the number of days I received from the bank per this requested application.

Attach the “Doctor’s Verification Form” confirming the disability and prognosis. This must list term of absence and anticipated return date for the employee.

Signature: _____ **Date:** _____

For Committee Use Only

Approved: _____ **Disapproved:** _____ **Reason:** _____

CSEA Representative

Date

RUSD Representative

Date

