



# Contra Costa Community College District

## Request to use Optional Catastrophic Leave and Medical Certification Form

There are two parts to this form that must be completed and submitted to District Office HR Department. Part1: Request for Optional Catastrophic Leave (to be completed by employee) and Part 2: Medical Verification Form (to be completed by Physician).

### Part 1: Request for Optional Catastrophic Leave:

#### I. Employee Information

Employee ID

\_\_\_\_\_  
*Last Name, First Name M.I.*

\_\_\_\_\_  
*Campus/Location*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Date of first day of leave*

\_\_\_\_\_  
*Return to work date: (estimated if not known)*

\_\_\_\_\_  
*Supervisor's Contact*

\_\_\_\_\_  
*Address, City, State, Zip*

\_\_\_\_\_  
*Personal Email*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Other Contact Information*

\*Please tell us the best way to contact you while you are on leave should we have any questions or information for you. Inaccurate information may result in delayed payroll processing.

#### II. Reason for requesting Optional Catastrophic Leave

Leave may be granted for *any* of the following reasons. Please indicate your reason(s) for requesting this leave.

Your own serious health condition

To care for your immediate family member who has a serious health condition:

*(As defined in the Local 1 Contract and the Management, Supervisory and Confidential Employee Manual)* Relationship: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

#### For District Office, Human Resources Use Only

Approved

Denied

\_\_\_\_\_  
*Completed Leave request form received by (print name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*If denied, state reason for denial*

\_\_\_\_\_  
*Signature of HR Representative*

\_\_\_\_\_  
*Date*



# Contra Costa Community College District Optional Catastrophic Leave Program

[Applicable to Local 1 and Management, Supervisory and Confidential Employees]

The Local 1 Contract (Article 9.16): Employees shall be entitled to participate in an optional catastrophic leave program. The District shall maintain and manage eligibility for, participation in, and use of, the catastrophic leave program. A copy of the use request form can be found in Appendix B.

9.16.1 Each fiscal year (July 1<sup>st</sup>), every permanent Local 1 represented employee may opt into or out of the catastrophic leave program by donating one day of sick or vacation leave. An employee must notify the District no later than June 1<sup>st</sup> of each year for changes effective that July 1<sup>st</sup>. Once an employee opts in, the employee will continue to be in the program and will automatically donate and have deducted one day of the same type of leave each July 1 until the employee opts out or is no longer employed by the District.

9.16.2 An employee may opt into family coverage by donating one additional day annually to cover use for family members. The employee must opt into employee coverage to be eligible for family coverage. Once an employee opts into family coverage, the employee will continue to be in the program and will automatically donate and have deducted one day of the same type of leave each July 1 until the employee opts out or is no longer employed by the District.

9.16.3 For purposes of calculations, a "day" shall be defined as the employee's normal, regular service day at the point of donation or usage. Changes in months of service and/or hours worked per week shall not be factored in donation or usage.

9.16.4 Program usage shall be subject to certain requirements.

9.16.4.1 Employee must first exhaust all available and eligible accrued leave (including, but not limited to; sick leave, extended sick leave, vacation leave, personal necessity leave, personal catastrophic leave) before becoming eligible to use catastrophic leave.

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9.16.4.2 Employee must use any leave credits that he/she continues to accrue on a monthly basis prior to using catastrophic leave.

9.16.4.3 An individual employee may use the catastrophic leave program for a maximum of 60 days in any 10-year period.

9.16.4.4 An individual employee may use the catastrophic leave program for a maximum of three separate occurrences in any 10-year period.

9.16.4.5 For family coverage usage eligibility, family shall be defined as the negotiated definition of "immediate family" in Article 9.1.1.

9.16.4.6 For purposes of determining an occurrence, usage need not fall on consecutive days. An "occurrence" shall be defined as usage related to one eligible event and may include absences on nonconsecutive days for periodic or episodic treatments, etc.

**The Management, Supervisory and Confidential Employees Manual** (Article 12.4): Employees shall be entitled to participate in an optional catastrophic leave program. The District shall maintain and manage eligibility for, participation in, and use of, the catastrophic leave program.

12.4.1 Each fiscal year (July 1), every unrepresented management, supervisory, and confidential employee may opt into or out of the catastrophic leave program by donating one day of sick or vacation leave. An employee must notify the District no later than June 1 of each year for changes effective that July 1. Once an employee opts in, the employee will continue to be in the program and will automatically donate and have deducted one day of the same type of leave each July 1 until the employee opts out or is no longer employed by the District.

12.4.2 An employee may opt into family coverage by donating one additional day annually to cover use for immediate family members. The employee must opt into employee coverage to be eligible for family coverage. Once an employee opts into family coverage, the employee will continue to be in the program and will automatically donate and have deducted one day of the same type of leave each July 1 until the employee opts out or is no longer employed by the District.

12.4.3 For purposes of calculations, a "day" shall be defined as the employee's normal, regular service day at the point of donation or usage. Changes in months of service and/or hours worked per week shall not be factored in donation or usage.

12.4.4 Program usage shall be subject to the following requirements:

12.4.4.1 Employee must first exhaust all available and eligible accrued leave (including, but not limited to; sick leave, extended sick leave, vacation leave, personal necessity leave, personal catastrophic leave) before becoming eligible to use catastrophic leave. 12.4.4.2

Employee must use any leave credits that he/she continues to accrue on a monthly basis prior to using catastrophic leave.

12.4.4.3 An individual employee may use the catastrophic leave program for a maximum of 60 days in any 10-year period.

12.4.4.4 An individual employee may use the catastrophic leave program for a maximum of three separate occurrences in any 10-year period.

12.4.4.5 For purposes of determining an occurrence, usage need not fall on consecutive days. An "occurrence" shall be defined as usage related to one eligible event and may include absences on nonconsecutive days for periodic or episodic treatments, etc.

The Unified Faculty: Not negotiated in the United Faculty contract.



# Contra Costa Community College District Request to use Optional Catastrophic Leave and Medical Certification Form

## Part 2: Certification of Health Care Provider for the Optional Catastrophic Leave Request (to be completed by attending physician)

1. Employee Name: \_\_\_\_\_
2. Patient's Name: \_\_\_\_\_  
*(if other than Employee)*
3. Date medical condition or need for treatment commenced: \_\_\_\_\_
4. Date employee is anticipated to return to work: \_\_\_\_\_
5. Attach a signed physician's note for employee or patient (Note: The health care provider should not disclose the underlying diagnosis or medical condition).