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| <b>NEVADA<br/>DEPARTMENT OF WILDLIFE<br/><br/>POLICY AND PROCEDURE</b> | <b>Pages: 5 (plus forms)<br/>Effective: January 9, 2007<br/><br/>Approved: Rob Buonamici (Signature on File)</b> |
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**TITLE: Catastrophic Leave Account**

**REFERENCE: NRS 284.362-284.3629, NAC 284.562, NAC 284.575, NAC 284.576, NAC 284.577, NAC 284.5775**

**AFFECTED EMPLOYEES: Director (Pos. No. 0100), Human Resources Personnel Manager (Pos. No. 0111), Human Resources Personnel Technician III (Pos. No. 0115), Accounting Assistant III/Payroll Clerk (Pos. No. 0125), and All Employees**

**PURPOSE:** To provide procedures for Department employees to transfer sick or annual leave to the catastrophic leave account and for employee requests for use of leave from the account.

**POLICY:** It is the policy of the Department to maintain a catastrophic leave account and program where employees may transfer leave for use by fellow employees who have exhausted their leave options and are faced with a qualifying catastrophic need for leave.

**DEFINITIONS:**

**Appointing authority** means an official having legal authority to make appointments to positions in State service. The appointing authority for the Department of Wildlife is the Director. For the purposes of this policy, the Director, or the Deputy Director in his absence, have signature authority to approve use of catastrophic leave for qualifying events. The Human Resources Personnel Manager or Personnel Technician III has signature authority (as the appointing authority) for receipt of hours into the catastrophic account.

**Catastrophe** means (1) the employee is unable to perform the duties of the position due to a serious illness or accident which is life-threatening or requires a lengthy convalescence; (2) a member of the employee's immediate family has a serious injury or accident which is life-threatening or requires a lengthy convalescence; or (3) there is a death in the employee's immediate family.

**Immediate family** means the employee's parents, spouse, children, brothers, sisters, grandparents, great-grandparents, uncles, aunts, nephews, grandchildren, nieces, great-grandchildren, father-in-law, mother-in-law, son-in-law, daughter-in-law, grandfather-in-law, grandmother-in-law, great-grandfather-in-law, great-grandmother-in-law, uncle-in-law, aunt-in-law, brother-in-law, sister-in-law, grandson-in-law, grand-daughter-in-law, nephew-in-law, niece-in-law, great-grandson-in-law, great-granddaughter-in-law, stepparents and stepchildren.

***Lengthy convalescence*** is defined as a period of disability which an attending physician expects to exceed 10 weeks.

***Life-threatening*** is a condition diagnosed by a physician as creating substantial risk of death.

**PROCEDURE:**

**Establishing an account for catastrophic leave:**

The Director (Pos. No. 0100) has the sole responsibility for establishing an account for catastrophic leave, implementing the program for employees to transfer or request leave, and for approving or denying employee requests to use catastrophic leave.

Employees may transfer hours of their sick or annual leave to the catastrophic leave account of the Department or to a specified employee of the Department who has been approved for the leave by the Director to receive such leave, or to an employee in another State agency.

- Each employee who wishes to transfer sick or annual leave to this account must complete the Request to Transfer Leave form (NPD-25) and submit the form to the immediate supervisor for approval.
- Each employee transferring sick leave must have a balance in his account after the transfer of not less than 240 hours. The minimum number of hours which may be transferred in any one calendar year is 8 hours, and must be transferred to the catastrophic account in increments of 8 hours. The maximum number of hours which may be transferred in any one calendar year is 120 hours.
- The completed and approved Request to Transfer Leave form is forwarded to the Human Resources Personnel Technician III (Pos. No. 0115) who will initiate the transfer through the State payroll system.
- Leave transferred to the Department's general catastrophic account may not be returned or restored to the employee transferring the leave. However, leave transferred in excess of the amount approved for use by a specified employee must be returned to the employee's account from which it originated.
- If more than one notice of intent to donate leave is received by the recipient's Director on behalf of the recipient, the notices must be maintained in chronological order and used, one at a time as needed, according to the date in which the notices were received.

- A donor and his appointing authority must be notified on the appropriate form (NPD-25) when the donated leave specifically designated for use by another employee has been used or if the amount of leave donated is in excess of the amount approved for use by the recipient. Excess leave must be restored to the account of the donor within 30 working days after the last day on which the recipient was eligible to receive catastrophic leave.

### **Requesting leave from the catastrophic account:**

An employee's accrued leave is the best insurance policy for catastrophic events; however, when the employee has exhausted all sick leave, annual leave, and compensatory time, the Director may approve the use of catastrophic leave.

- An employee may request a specified number of hours of leave be transferred from the catastrophic account to their account. Each employee requesting the transfer must use the Request to Receive Catastrophic Leave form (PAY-23). If the employee is incapacitated, the immediate supervisor may initiate the request. The request could come from an immediate family member to the immediate supervisor to initiate the request. The request must include:
  - The employee's name, title and classification; and
  - A description of the catastrophe; and
  - The expected duration of leave required for that catastrophe.
- The Director may approve the transfer of a specified number of hours of leave from the account for catastrophic leave to the account of any employee who has been deemed eligible by the Human Resource Personnel Manager to receive such leave. The Human Resource Personnel Manager will verify that the person requesting catastrophic leave has exhausted all leave balances, the event qualifies under the definition of catastrophic, and there are sufficient hours in the catastrophic leave account. The number of hours of leave approved may be less than the number of hours requested and will be based on the total hours in the account, other employee requests for catastrophic leave, and the gravity of the catastrophic event.
  - An employee aggrieved by any decision of an appointing authority made pursuant to NRS 284.362 to 284.3629, inclusive may appeal from the decision by filing a written notice of appeal with the Committee on Catastrophic Leave within 10 days after the date of the decision (PAY-23B).
- An employee may have a maximum of 1,040 hours in any one calendar year transferred from the catastrophic account to their account.

- An employee does not accrue annual or sick leave during the time he is on catastrophic leave.
- Payment for leave received from the account shall not exceed the employee's own rate of pay.
- The Human Resources Personnel Manager will review the status of the employee regarding the catastrophe and determine when the need to take leave for the catastrophe no longer exists or if the employee who is receiving the leave resigns or his employment is terminated.
- Leave not used from the account at the time of the catastrophe, or when the catastrophe ceases to exist, or upon the resignation or termination of the employee, must be returned to the account.
- It is the employee's responsibility to notify the Department when the catastrophe ends.
- An employee who has used hours from an account for catastrophic leave may voluntarily repay the account for those hours.

**Maintenance of account records:**

The Human Resources Personnel Technician III is responsible for the maintenance of the catastrophic leave account for the Department and will monitor the number of hours in the catastrophic account for general use by employees requesting sick leave; the hours allocated for use by specific employees; and the transfer of allocated but unused leave to the general account.

The Human Resources Personnel Technician III will notify the Payroll Clerk (Pos. No. 0125) with the approved Notice of Intent to Donate Leave (NDP-25). The Payroll Clerk prepares a special pay adjustment to transfer leave from the donor to the recipient and sends the adjustment to Central Payroll to process the adjustment which reduces the donors account and adds the hours to the recipient's account. The maximum hours that can be requested for an employee on the special pay adjustment at a time is 80 hours. If the approved catastrophic leave hours exceed 80 hours, the Payroll Clerk must prepare multiple special pay adjustments for each 80-hour block of time. When an employee is on catastrophic leave on a particular pay period, the Payroll Clerk must ensure the employee's annual and sick leave is used up before the catastrophic leave.

The employee on catastrophic leave must complete bi-weekly timesheets. If the employee is incapacitated, then the employee's supervisor must complete the timesheets for the employee. The codes or events to be used are:

- UCL – Used Catastrophic Leave
- UFMCL-Family Medical Leave Act (FMLA) Catastrophic Leave (employee has applied for FMLA leave and approved for it)
- UWCCL – Workers’ Comp Catastrophic Leave (employee has a work-related injury and does not have enough accrued leave)
- UFWCL-FMLA – Workers’ Comp Catastrophic Leave (employee has work-related injury, does not have enough accrued leave, and is approved for FMLA leave)

Human Resources Personnel Manager will prepare a report (Catastrophic Leave Summary) on a calendar year basis or as requested by the Department of Personnel Director or the Department’s Director with the following:

- The name of the employee granting or using catastrophic leave, his social security number, class code, title, grade and rate of pay, and the number of hours and the dollar value donated or used by the employee.
- The period and nature of the disability for an employee using catastrophic leave.
- A comparison of the average dollar value of the account for catastrophic leave based on the donor’s rate of pay as opposed to the average dollar value of the leave taken by recipients.

## NOTICE OF INTENT TO DONATE LEAVE

|                   |                  |                       |                  |  |
|-------------------|------------------|-----------------------|------------------|--|
| <b>Date</b>       | <b>Employee</b>  | <b>SS#</b>            |                  |  |
| <b>Department</b> | <b>Division</b>  | <b>Budget Account</b> | <b>PC#</b>       |  |
| <b>Class Code</b> | <b>Job Title</b> | <b>Grade</b>          | <b>Hrly Rate</b> |  |

I hereby declare my intent to donate leave to a catastrophic leave account as follows:

\_\_\_\_\_ hours to my agency's general catastrophic leave bank  
 \_\_\_\_\_ hours to the catastrophic leave account for use by \_\_\_\_\_  
*Recipient's Name* *Recipient's Agency*

Leave is to be deducted from my account as follows:

\_\_\_\_\_ hours of annual leave  
 \_\_\_\_\_ hours of sick leave  
 \_\_\_\_\_ hours of special sick leave

I certify that I have sufficient leave balances to make this election and that I will not by this authorization exceed the 120-hour maximum leave donation in this calendar year.

\_\_\_\_\_  
*Donor's Signature* *Date* *Appointing Authority* *Date*

*Distribution: Donor's Appointing Authority*  
*Recipient's Appointing Authority*

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## **REQUEST TO TRANSFER LEAVE**

Pursuant to the above notice from \_\_\_\_\_, it is requested that \_\_\_\_\_ hours of leave be transferred to the catastrophic leave account for:

|                   |                  |                       |                  |  |
|-------------------|------------------|-----------------------|------------------|--|
| <b>Name</b>       |                  | <b>SS#</b>            |                  |  |
| <b>Department</b> | <b>Division</b>  | <b>Budget Account</b> | <b>PC#</b>       |  |
| <b>Class Code</b> | <b>Job Title</b> | <b>Grade</b>          | <b>Hrly Rate</b> |  |

The leave is to be transferred as follows:

\_\_\_\_\_ hours of annual leave  
 \_\_\_\_\_ hours of sick leave  
 \_\_\_\_\_ hours of special sick leave

\_\_\_\_\_  
*Recipient's Appointing Authority* *Date*

*Distribution: Donor*  
*Donor's Appointing Authority*

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## **NOTICE OF RETURN OF EXCESS DONATED LEAVE**

Pursuant to NRS 284.3621, \_\_\_\_\_ hours of leave donated by \_\_\_\_\_ were in excess of the amount of catastrophic leave approved for use by \_\_\_\_\_ and must be restored to the donor's account as follows:

\_\_\_\_\_ hours of annual leave  
 \_\_\_\_\_ hours of sick leave  
 \_\_\_\_\_ hours of special sick leave

\_\_\_\_\_  
*Recipient's Appointing Authority* *Date*

*Distribution: Donor*  
*Donor's Appointing Authority*

## **INSTRUCTIONS FOR THE COMPLETION OF THE CATASTROPHIC LEAVE FORM**

**NOTICE OF INTENT TO DONATE LEAVE:** This section must be completed by the employee who wishes to donate hours to an account for catastrophic leave for use by a particular employee who has been approved to use them. It may also be used by an employee who wishes to donate leave to his agency's general leave bank. In accordance with NRS 284.3621, an employee may not donate any sick leave hours to a catastrophic leave account if the balance in his sick leave account after the transfer is less than 240 hours. Leave must be donated in increments of 8 hours up to a maximum of 120 hours in any one calendar year.

The employee shall submit the completed form to his appointing authority or designated representative for approval. The donor's appointing authority shall verify the accuracy of the information on the form, verify the employee's leave balances, and certify that the donation does not exceed the 120-hour maximum. Upon verification, the donor's appointing authority shall sign the completed form and if the donation is specifically designated for use by a particular employee, forward a copy of it to the recipient's appointing authority.

**REQUEST TO TRANSFER LEAVE:** This section must be completed by the recipient's appointing authority or designated representative when leave hours specifically designated for use by a particular employee are needed. The completed request to transfer leave must be submitted to the donor's appointing authority to effect transfer of leave hours from the donor's account to the recipient's account. A copy must also be forwarded to the donor as notification that donated leave hours have been transferred.

In accordance with NAC 284.576, if more than one notice of intent to donate leave is received by the recipient's appointing authority on behalf of the recipient, the notices must be maintained in chronological order and used, one at a time as needed, according to the date in which the notices were received.

**NOTICE OF RETURN OF EXCESS DONATED LEAVE:** This section must be completed by the recipient's appointing authority to return leave to the donor's account when leave transferred to the recipient's account is in excess of the amount approved for use or needed by the recipient. A copy of the completed form must be forwarded to the donor's appointing authority to effect the return of excess leave to the account from which it originated. A copy must also be forwarded to the donor as notification that leave hours are being returned.

In accordance with NRS 284.3621, leave transferred in excess of the amount approved for use or needed by a particular employee must be returned to the employee's account from which it originated. Any hours of annual or sick leave which are transferred from an employee's account to the account for catastrophic leave and not designated for use by a particular employee may not be returned or restored to the originating employee. NAC 284.576 requires that excess leave which is specifically designated for use by a particular employee be restored to the account of the donor within 30 working days after the last day on which the recipient was eligible to receive catastrophic leave.



**NOTIFICATION OF AGENCY'S PAYROLL CENTER**  
**(REGARDING A REQUEST TO USE CATASTROPHIC LEAVE)**

*(Per NRS 284.362)*

To be completed by person requesting leave or their immediate supervisor.

|                                   |                         |
|-----------------------------------|-------------------------|
| REQUESTOR: (Please print or type) | BUDGET ACCOUNT #:       |
| NAME:                             | SOCIAL SECURITY NUMBER: |
| TITLE:                            | CLASS CODE:             |
| GRADE:                            | HOURLY RATE:            |
| DEPARTMENT:                       | DIVISION:               |

APPROVAL EFFECTIVE DATE: \_\_\_\_\_

NUMBER OF HOURS APPROVED: \_\_\_\_\_

TRANSFER \_\_\_\_\_ HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.

TRANSFER \_\_\_\_\_ HOURS, FROM THE CATASTROPHIC LEAVE ACCOUNT, WHICH WERE SPECIFICALLY ALLOCATED FOR USE BY THE REQUESTOR.

***Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any 1-calendar year.***

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
 SUPERVISORY APPROVAL: (CHECK ONE)     YES         NO

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

\*\*\*\*\*  
 APPOINTING AUTHORITY: (CHECK ONE)     YES         NO

\_\_\_\_\_  
Signature and Title of Appointing Authority

\_\_\_\_\_  
Date

Distribution:     Appointing Authority  
                           Agency Payroll Clerk  
                           Employee



## State of Nevada Physician's Certification for Catastrophic Leave Request

The State of Nevada's Catastrophic Leave program allows State employees to donate excess sick or annual leave to eligible co-workers who have experienced a catastrophe and have exhausted their own paid leave balances. As per NAC 284.576, the following form must be completed in order to substantiate the need for leave.

|  |   |
|--|---|
| <b>Section I (to be completed by the employee):</b>  |   |
| Employee Name: _____ Social Security number: _____   |   |
| Patient name and relationship (if patient other than employee): _____  |   |
| Employee Signature: _____ Date: _____  |   |
| <b>Section II (must be completed by the attending physician):</b>  |   |
| 1. a. Describe the serious illness or accident which supports the need for leave. If your patient experienced an accident, describe the medical conditions that resulted from that accident. _____<br>_____                                  |   |
| b. What is the date the serious illness commenced or the accident occurred? _____  |   |
| 2. a. Is your patient's serious illness or medical condition "life threatening" resulting in a substantial risk of death?<br><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please explain<br>_____<br>_____             |   |
| b. Does your patient have a serious illness or medical condition requiring a convalescence which you expect to exceed 10 consecutive weeks? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please explain _____<br>_____ |   |
| c. What is the first date when the employee will need to be absent from work due to a serious illness or accident? _____   |   |
| d. What is the first date when the employee will be able to return to work? _____  |   |
| 3. Will your patient need follow-up treatment once s/he returns to work? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes,  |   |
| a. What is the nature of the follow-up treatment? _____<br>_____   |   |
| b. How frequently will it be required? _____   |   |
| c. When do you expect your patient to complete his/her follow-up treatment (date or length of time)? _____   |   |
| <b>Print name, address and telephone number of physician</b>   | <b>Type of practice - field of specialty:</b> |
|  | <b>Signature of physician:</b>                |
|  | <b>Date:</b>                                  |