



THE CITY UNIVERSITY OF NEW YORK THE CATASTROPHIC SICK LEAVE BANK PROGRAM

The Catastrophic Sick Leave Bank Program

I. Program Description

The Catastrophic Sick Leave Bank (“CSLB”) is a pool of sick leave and annual leave voluntarily donated by individuals who are employed full-time on an annual salary basis for potential use as sick leave by eligible full-time employees who are also donors to the bank. Eligible recipients may receive up to ninety (90) days of paid CSLB leave in any one (1) program year (September 1 – August 31). CSLB leave may be approved in increments not to exceed one (1) month. The Catastrophic Sick Leave Bank will be administered centrally by the University’s Office of Shared Services.

II. Criteria for Recipient Eligibility

1. An employee must be in a full-time title employed on an annual salary basis and have at least two (2) years of continuous full-time service with the University. Those employed in substitute titles with no underlying regular annual appointment are not eligible to receive donated leave.
2. Employees must have donated at least one (1) day of sick leave or annual leave for the program year in which leave is needed.
3. An employee’s illness or injury must not be job-related and must require an absence of at least thirty (30) continuous working days. Absence due to illness or injury must be supported by medical documentation acceptable to the University Office of Shared Services. The University Office of Shared Services will determine whether requests by eligible employees to receive leave from the Catastrophic Sick Leave Bank will be approved, based solely upon the nature and severity of the illness or injury. An employee whose request has been denied may appeal in writing to CUNY’s Appeals Panel, as set forth in Section VI. 3. below.
4. All annual leave, sick leave, compensatory time balances, and sick leave advancements, to the extent applicable, must have been exhausted.
5. CSLB leave may not be used to supplement or supplant income benefits under any applicable collectively bargained or union provided short-term or long-term disability program. If the employee has already received income benefits under any applicable union provided short-term or long-term disability program, those benefits must be reimbursed.

6. The number of hours that comprise a day for the recipient is determined by the title of the recipient.
7. (a) The time that an employee is on a paid parental leave, paid Family and Medical Leave Act ("FMLA") leave, paid Fellowship leave, or any other applicable paid leave will count towards service in calculating whether the employee has met the two (2) years of full-time continuous CUNY service required for recipient eligibility.

(b) The time that an employee is on an unpaid child care leave, unpaid Family and Medical Leave Act ("FMLA") leave, or on a Scholar Incentive Award leave will serve to bridge service which immediately precedes and follows such leave in calculating whether the employee has met the two (2) years of full-time continuous CUNY service required for recipient eligibility.
8. The University Office of Shared Services may deny a prospective recipient's request to use CSLB leave if he/she is on a disciplinary suspension.
9. In the event that an employee is deemed eligible to receive donated leave from the Dedicated Sick Leave Program (DSL) and the Catastrophic Sick Leave Bank Program (CSLB), such usage shall not exceed a combined total of 160 DSL and CSLB days in any program year.

III. Criteria for Donating Leave

An employee who wishes to donate annual leave and/or sick leave to the Catastrophic Sick Leave Bank must meet the following criteria:

1. The employee must be in a full-time title, employed on an annual salary basis.
2. Donations must be made in increments of one (1) day, with a minimum donation of one (1) day of annual leave or sick leave per program year. The number of hours that comprise a day for the donor is determined by the title of the donor.
3. Employees with fewer than five (5) years of full-time continuous CUNY service may donate only annual leave. There is no minimum length of service required to donate annual leave and no cap on the amount that may be donated. Employees with five (5) or more years of full-time continuous CUNY service may donate annual leave (without limitation) and/or sick leave up to ten (10) sick leave days per program year. In order to donate sick leave, an employee must maintain a sick leave balance of at least twenty-four (24) days. Please note that as set forth in Section IV. 12. (Program Requirements) of the CSLB Program, CUNY reserves the right to limit the number of CSLB days employees are allowed to donate to the bank per program year and/or the number of donated CSLB days that may be kept on reserve in the bank.

4. (a) The time that an employee is on a paid parental leave, paid Family and Medical Leave Act ("FMLA") leave, paid Fellowship leave, or any other applicable paid leave will count towards service in calculating whether the employee has met the five (5) years of full-time continuous CUNY service required for donating sick leave.

(b) The time that an employee is on an unpaid child care leave, unpaid Family and Medical Leave Act ("FMLA") leave, or on a Scholar Incentive Award leave will serve to bridge service which immediately precedes and follows such leave in calculating whether the employee has met the five (5) years of full-time continuous CUNY service required for donating sick leave.

IV. Program Requirements

1. An open enrollment period for leave donations will be held for one (1) month each program year (September 1 through August 31) and may be extended or reopened at the discretion of the Vice Chancellor for Human Resources Management. The enrollment period is each October of the program year.
2. After the initial enrollment period, deductions of the type and amount of leave will automatically continue on an annual basis, unless the employee requests a change. Any request to withdraw from the Catastrophic Sick Leave Bank Program or to make any changes in the amount and/or type of leave to be donated must be submitted in writing to the University Office of Shared Services during the annual open enrollment period; changes may not be made at any other time.
3. If the sick leave balance of an employee who has elected to donate sick leave has fallen below twenty-four (24) sick leave days at the time the deduction is made, the type of leave deducted will be converted to annual leave.
4. All leave donated to the bank is irrevocable.
5. The use of CSLB leave runs concurrently with FMLA leave, *i.e.*, a recipient's use of leave from the bank shall be counted towards his/her FMLA leave entitlement as though he/she were using his/her own sick leave.
6. An employee's use of CSLB leave days will be extended by any CUNY observed holiday contained in a recipient employee's collective bargaining agreement or CUNY policy that is observed during the period of the recipient employee's approved CSLB leave.

7. No withdrawal of leave will be approved which will result in a negative balance to the CSLB. The University Office of Shared Services may consider the amount of leave remaining in the CSLB in order to make an equitable distribution of leave among medically qualified applicants, if there is insufficient leave in the CSLB to grant each applicant the amount of leave required.
9. Leave withdrawn from the CSLB in excess of the amount actually used by a recipient is to be returned to the CSLB. The Office of Human Resources of the recipient's college must notify the University Office of Shared Services of the number of days to be restored to the CSLB no later than two (2) weeks from the date of the employee's return to work.
10. Each day of leave donated to the bank will be debited from the donor's leave balance as one (1) full day. However, each day of sick leave donated by an eligible employee will be credited to the CSLB as one-half (1/2) of a day. Each day of annual leave donated will be credited to the bank as one (1) full day.
11. CSLB leave will be granted to the recipient retroactive to the first day of absence without pay. A recipient utilizing CSLB leave is deemed to be in active pay status as though the employee were using his/her own sick leave. Annual leave and sick leave will therefore be accrued while using CSLB leave, but will not be credited until the employee returns to work.
12. The University reserves the right to limit the number of CSLB days employees are allowed to donate to the bank per program year and/or the number of donated CSLB days that may be kept on reserve in the bank.

V. Procedures For Donating Leave To The Catastrophic Sick Leave Bank

1. An employee who wishes to donate annual leave and/or sick leave to the Catastrophic Sick Leave Bank must complete CUNY Form No. 001 CSLB-2013, "Application to Donate Leave to the Catastrophic Sick Leave Bank (copy attached), and return it to the College's Office of Human Resources during the enrollment period.
2. The College Office of Human Resources will review the application and determine the accuracy of all statements in accordance with the donor's personnel and payroll records, and will notify the employee within five (5) working days of receipt of the application whether he/she is eligible or ineligible. If the employee is determined to be eligible, the College Office of Human Resources will make the appropriate adjustment to the employee's time and leave records and will notify the employee of the type of leave and number of days to be debited and when the debit will occur. The College Office of Human Resources will send a copy of the approved application to the University Office of Shared Services to determine the appropriate number of days to be credited to the CSLB. The application shall include an attestation by the donor that he/she understands that the decision to donate sick leave and/or annual leave to the CSLB is irrevocable and that the donated leave will not be returned to the donor,

unless it is determined that the donor is ineligible to donate leave. The donor's attestation shall also provide that the donor has not been coerced and is not receiving any benefit, express or implied, in return for the donated sick leave and/or annual leave, other than the ability to participate in the bank.

3. The College Office of Human Resources will continue to make automatic deductions from the employee's time and leave record -- which shall be deducted on a yearly basis during the month following the enrollment period -- provided that the employee maintains eligibility and has not withdrawn from the CSLB program or has not made any changes to the type or amount of leave to be donated. The College Office of Human Resources will notify the employee and the University Office of Shared Services of the continued donation or of any changes thereto.
4. The University Office of Shared Services shall keep a record of employees who are members of the CSLB program, updating its records following each enrollment period.

VI. Procedures For Receiving Leave From The Catastrophic Sick Leave Bank

1. The employee must complete Form No. 002 CSLB-2013, "Application to Receive Leave From the Catastrophic Sick Leave Bank," (copy attached), include medical documentation, and forward the application to the College Office of Human Resources. The application will include a release by the intended recipient permitting the University Office of Shared Services or CUNY's Appeals Panel (should an appeal become necessary) -- or a physician retained by either of them -- to seek clarification or additional information from the employee's physician concerning the medical documentation submitted by the intended recipient. The release shall also provide that the employee shall submit to an examination by a physician retained by the University Office of Shared Services, if deemed necessary. Where practicable, applications should be submitted when the employee has been absent for twenty (20) continuous working days, but anticipates being absent in excess of thirty (30) continuous working days and will not have sufficient leave to cover the projected period of absence beyond the thirty (30) days.
2. The College Office of Human Resources must review the application, determine the accuracy of all statements in accordance with college personnel and payroll records, and complete the appropriate section.

The application of an employee who has been deemed ineligible to receive donated leave should be returned to the applicant with the disposition within five (5) working days of receipt by the College Office of Human Resources, to the extent feasible. The application of an employee who has been deemed eligible to receive donated leave must be forwarded to the University Office of Shared Services by the College Office of Human Resources within five (5) working days of its determination, to the extent feasible.

To the extent feasible, the University Office of Shared Services will return the application within five (5) working days from receipt to the College Office of Human Resources, stating whether the employee's application to receive donated leave will be approved. Thereafter, the College Office of Human Resources will advise the employee of the decision issued by the University Office of Shared Services concerning the CSLB leave. All discrepancies must be resolved with the employee before a determination is made.

The determination made by the University Office of Shared Services will be based solely upon the nature and severity of the illness or injury of the employee, as indicated by the medical documentation submitted. CSLB leave will be made in increments not to exceed one (1) month. Employees needing more than one (1) month of CSLB leave may be required to submit additional medical documentation for each subsequent one (1) month period, up to a maximum of ninety (90) days of paid CSLB leave. The University Office of Shared Services will notify the College Office of Human Resources of the amount of CSLB leave the employee will receive. Upon notification, the College Office of Human Resources will make the appropriate adjustment in the recipient's time and leave records and inform the recipient in writing when such CSLB leave will be credited to the employee.

3. An employee whose request has been deemed ineligible by the College Office of Human Resources or denied by the University Office of Shared Services, may submit an appeal in writing, along with additional medical documentation, if any, to CUNY's Appeals Panel, in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10th floor, New York, New York 10017, within fifteen (15) working days of the employee's receipt of the denial. The CUNY Appeals Panel will be constituted as follows:
 - a) For represented classified staff, the appeals panel shall consist of the Vice Chancellor for Human Resources Management, the Vice Chancellor for Labor Relations or their respective designees, and a classified staff union representative;
 - b) For represented instructional staff, the appeals panel shall consist of the Vice Chancellor for Human Resources Management, the Vice Chancellor for Labor Relations or their respective designees, and a PSC representative; and
 - c) For classified managerial staff and executive compensation staff, and other non-represented employees, appeals shall be decided by the Vice Chancellor for Human Resources Management or designee.

All decisions issued by CUNY's Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Application to Donate Leave to the Catastrophic Sick Leave Bank Program

The Catastrophic Sick Leave Bank (CSLB) is a pool of sick leave and annual leave voluntarily donated by individuals who are employed full-time on an annual salary basis for potential use as leave by eligible full-time employees who are also donors to the bank. The applicant completes Section I of this form and submits it to the College Office of Human Resources for verification. The College Office of Human Resources completes Section II and forwards it to the University Office of Shared Services if the employee is deemed eligible or returns the application to the employee if the employee is deemed ineligible.

Criteria for Membership

1. You must be in a full-time title employed on an annual salary basis.
2. You must donate at least one day of annual leave or sick leave each program year (September 1 to August 31).
3. If you have fewer than five (5) years of full-time continuous CUNY service, you may donate only annual leave. If you have five (5) or more years of full-time continuous CUNY service, you may donate annual leave (without limitation) and/or sick leave up to ten (10) sick leave days per program year. In order to donate sick leave, you must maintain a sick leave balance of at least twenty-four (24) days. Please note that as set forth in Section IV.12 (Program Requirements) of the CSLB Program, CUNY reserves the right to limit the number of CSLB days employees are allowed to donate to the bank per program year and/or the number of donated CSLB days that may be kept on reserve in the bank.

Program Requirements

1. An open enrollment period for leave donations will be held for one month each program year, *i.e.*, September 1 through August 31. The enrollment period will be October of each program year.
2. After the initial enrollment, deductions of the same type and amount of leave will be automatically continued on an annual basis, unless you request a change. Any request to withdraw from the CSLB Program or to make changes in the amount and/or type of leave to be donated must be submitted in writing to the University Office of Shared Services during the annual open enrollment period; changes may not be made at any other time.
3. If you had previously elected to donate sick leave to the bank but your sick leave balance has fallen below twenty-four (24) days as of any given open enrollment period, the type of leave *deducted will be converted to annual leave, if you are eligible to accrue annual leave.*
4. All leave donated to the bank is irrevocable.
5. Each day of annual leave donated to the CSLB will be debited from your leave balance as one (1) full day and will be credited to the bank as one (1) full day. Each day of sick leave donated will also be debited from your sick leave balance as one full day but will be credited to the bank as one-half (1/2) day.

I. To be Completed by the Employee

If you believe you are eligible and wish to donate annual leave and/or sick leave, please complete and sign the section below:

Name

Home Address

CUNYfirst ID: *

Title:

College/Department:

* If you don't know your CUNYfirst ID, please contact your College Office of Human Resources.

I wish to donate: day(s) of sick leave each program year.

I wish to donate day(s) of annual leave each program year.

PLEASE NOTE THAT YOUR DONATION OF SICK LEAVE MAY ADVERSELY IMPACT YOUR TRAVIA OR TERMINAL LEAVE BENEFIT. YOU ARE ADVISED TO CONSULT WITH YOUR COLLEGE OFFICE OF HUMAN RESOURCES.

Please return this application to your College Office of Human Resources before the end of the enrollment period. The College Office of Human Resources will notify you of your eligibility to donate to the CSLB.

I hereby acknowledge and understand that my decision to donate sick leave and/or annual leave to CUNY's Catastrophic Sick Leave Bank is irrevocable and that the donated leave will not be returned to me, unless it is determined that I am ineligible to donate leave.

I also acknowledge and understand that my College's Office of Human Resources will continue to make automatic deductions as specified herein from my time and leave accruals on an annual basis provided that I maintain eligibility and have not withdrawn from the CSLB Program or made any changes during an open enrollment period to the type or amount of leave to be donated.

I further acknowledge and understand that I have not been coerced nor am I receiving any benefit express or implied, in return for the donated sick leave and/or annual leave, other than my ability to participate in the bank; and that my donation may impact my Travia or Terminal Leave Benefit.

Employee Signature: _____ Date: _____

II. To Be Completed by the College Human Resources Director or Designee

Employee is is not employed in a full-time title on an annual salary basis.

For employees wishing to donate sick leave:

- Employee's current sick leave balance is _____
- Employee's Most Recent Date of Hire _____
- Employee has does not have at least five (5) years of full-time continuous CUNY service

Note: Employees found ineligible to donate sick leave may file a revised application before the end of the enrollment period to donate annual leave, if otherwise eligible.

Application approved not approved

Signature of College Human Resources Director or Designee:

Name

Signature

Date

Application to Receive Leave Under the Catastrophic Sick Leave Bank Program

This application is to be completed by individuals who are employed full-time on an annual salary basis, who are currently enrolled in the Catastrophic Sick Leave Program, with at least two (2) years of continuous full-time CUNY service, who meet all the eligibility criteria (see Program details) to receive donated leave through the Catastrophic Sick Leave Bank ("CSLB"). The applicant completes Section I of this form and submits it to the College Office of Human Resources for verification. The College Office of Human Resources completes Section II and forwards it to the University Office of Shared Services if the employee is deemed eligible or returns the application to the employee if the employee is deemed ineligible. The University Office of Shared Services completes Section III and returns it to the College Office of Human Resources, which completes the attached letter and sends it to the applicant.

I. To Be Completed by the Employee

Name:

Home Address:

CUNYfirst ID:*

Title:

College/Department:

* If you don't know your CUNYfirst ID, please contact your College Office of Human Resources.

1. Are you currently a member of the Catastrophic Sick Leave Bank? Yes No
2. Is your illness or injury job related? Yes No
3. How many consecutive working days have you been absent from work due to your present illness or injury? Please indicate the last date you were at work.
Number of Work Days Absent:
Last Date Worked:
4. Have you applied for a sick leave advance from your college and/or for supplemental income benefits from your union for your present illness? Yes No

If yes, please specify:

5. Have you exhausted all of your annual leave, sick leave, compensatory time balances, and sick leave advancements, to the extent applicable? Yes No

If no, please indicate the number of hours of leave remaining.

Annual Leave:
Sick Leave:
Compensatory Time:
Sick Leave Advancement:

6. Taking into account all of your annual leave, sick leave, compensatory time balance, and sick leave advancements, to the extent applicable, state the last date through which you will be, or were, entitled to paid leave. Last date of paid leave entitlement:
7. Please confirm that you have attached documentation from your physician stating the nature and severity of your illness or injury and the projected period of your absence from work by checking the box below.
- Documentation Attached (Required) Absence Projected Through
8. Are you currently on a disciplinary suspension and/or have you been subjected to a disciplinary suspension during the last 12-month period? Yes No

I hereby authorize the University Office of Shared Services or CUNY's Appeals Panel (should an appeal become necessary) -- or a physician retained by either of them -- to contact my personal physician to seek clarification or additional information concerning the medical documentation submitted herewith. I also agree to submit to an examination by a physician retained by the University Office of Shared Services, if deemed necessary. I understand that leave under the CSLB may be approved by the University Office of Shared Services in increments not to exceed one (1) month. Should I need more than one (1) month of leave under the CSLB, I understand that I may be required to submit additional medical documentation for each subsequent one (1) month period, up to a maximum of ninety (90) days or three (3) months of paid leave.

Employee Signature: _____ Date: _____

II.To be completed by the College Human Resources Director or Designee.

Date the application was received by the College Office of Human Resources:

A Employee is eligible to receive leave through the Catastrophic Sick Leave Bank.

If Box "A" is checked, the application is to be forwarded to the University Office of Shared Services with medical documentation attached to the address below, within five (5) working days of receipt, from the employee, to the extent feasible. See Section III below.

B Employee is ineligible to receive leave through the Catastrophic Sick Leave Bank because:

- Employee is not in a full-time eligible title employed on an annual salary basis.
- Employee is in a substitute title with no underlying regular full-time annual appointment.
- Employee does not have the minimum number of years of continuous full time service with CUNY. Faculty members -- other than faculty Librarians -- must have five (5) or more years of full-time continuous CUNY service. All other employees must have two (2) or more years of full-time continuous CUNY service.
- Employee did not donate at least one (1) day of sick leave or annual leave for the program year in which leave has been requested. Faculty members -- other than faculty Librarians -- are required to donate sick leave in order to participate in the CSLB.
- Employee has previously exhausted his/her CSLB allotment for the current program year.

If Box "B" is checked, the application is to be returned to the employee within five working days of receipt, to the extent feasible.

You may appeal in writing and submit additional medical documentation, if any, to CUNY's Appeals Panel within fifteen (15) working days of your receipt of this denial. All decisions issued by CUNY's Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Appeals are to be submitted in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10th floor, New York, New York 10017.

Signature of College Human Resources Director or Designee:

Name

Signature

Date

III. To be completed by the University Office of Shared Services

Date the application was received by the University Office of Shared Services: _____

Employee's application to receive leave through the Catastrophic Sick Leave Bank is approved.

_____ Days approved.

Employee's application to receive leave through the Catastrophic Sick Leave Bank is denied because _____

Signature: University Executive Director, Office of Shared Services or Designee:

Name

Signature

Date

The application is to be returned to the College Human Resources Director within five (5) working days of the determination, to the extent feasible.
The College Human Resources Director will notify the employee of the determination and the appeals process, as set forth in the attached letter.

Dear _____:

Your request to receive leave through the Catastrophic Sick Leave Bank has been approved for _____ days.

Your request to receive leave through the Catastrophic Sick Leave Bank has been denied because _____

You may appeal in writing and submit additional medical documentation, if any, to CUNY's Appeals Panel within fifteen (15) working days of your receipt of this denial. All decisions issued by CUNY's Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Appeals are to be submitted in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10th floor, New York, New York 10017.

Signature of College Human Resources Director or Designee: _____

Date: _____