LSU at Alexandria

CRISIS LEAVE POLICY

I. Authorization

The Crisis Leave Program is established and approved by the State Civil Service Commission in accordance with Act 1008 passed by the Louisiana Legislature in 1992, Senate Concurrent Resolution 54 of the 1997 regular session of the Legislature and Civil Service Rule 11.34, Crisis Leave Pool.

II. Purpose

The Crisis Leave Policy is a means of providing paid leave to eligible employees who have experienced catastrophic illnesses or injuries to themselves or eligible family members. The intent of the policy is to assist employees who, through no fault of their own, have insufficient paid leave to cover the crisis leave period.

III. Definitions

<u>Eligible employee</u> - an employee of LSU at Alexandria (LSUA) who is eligible to earn annual leave in accordance with PM-20 and/or the Department of Civil Service Rules. Classified employees must have attained permanent status to donate or use crisis leave.

Eligible family member - is defined as:

- an individual living in the same household who is related to the employee by kinship, adoption or marriage or a foster child so certified by the Louisiana Office of Children's Services, or
- an individual not living in the same household who is related to the employee by kinship, adoption or marriage, and is totally dependent upon the employee for personal care or services on a continuing basis.

<u>Licensed Medical Service Provider (LMSP)</u> - a practitioner, as defined in the Louisiana State Licensing Law (relative to that LMSP's field of service), who is practicing within the scope of his or her license. This is to include licensed Physicians (a doctor of medicine) or MD, doctor of osteopathy or DO, or licensed Chiropractors, Counselors, or Therapists as recognized and licensed by appropriate State boards or authorities.

<u>Catastrophic Injury or Illness</u> - a severe condition or combination of conditions that:

- affects the physical or mental health of the employee or the employee's eligible family member; and
- requires the services of a licensed medical service provider for a prolonged period of time; and
- prevents the employee from performing his/her duties for a period of more than ten consecutive days and forces the employee to exhaust all appropriate leave in accordance with PM-20 and/or the Department of Civil Service Rules and to lose compensation from the State.

<u>Leave Pool Manager</u> -Director, Human Resource Management (HRM) and Assistant Business Officer or designee.

<u>Crisis Leave Committee</u> - The Committee shall be comprised of two staff members, one faculty member and the Leave Pool Manager or designee. The Committee acts to support the administration of the Crisis Leave Policy, reviews the pool and policy management practices by the Pool Manager. When not otherwise specified in written policy, the Committee may recommend operational guidelines and procedures for the Crisis Leave Policy.

IV. Eligibility Requirements

An eligible employee may apply to receive crisis leave if the following requirements are met:

- the employee or employee's eligible family member suffers from a catastrophic illness or injury; and
- the employee has exhausted all appropriate leave in accordance with PM-20 and/or the Department of Civil Service Rules; and
- the employee has exhibited satisfactory attendance (with no history of leave abuse), and is not absent from work due to disciplinary reasons; and
- the catastrophic injury or illness is not occupationally related (therefore making that employee eligible for workers' compensation) or was not attained in the commission of an assault or felony; and
- the appropriate documentation from a LMSP is provided to the Leave Pool Manager.

An employee is not required to contribute to the Crisis Leave Pool to be eligible to receive crisis leave.

The amount of crisis leave granted for each catastrophic illness or injury is determined by the Leave Pool Manager. The amount of leave granted to an employee will generally reflect the recommendations of the LMSP, subject to the following limits:

- a maximum of 240 hours may be requested by an employee during one calendar year
- crisis leave may not be granted to any individual to extend paid leave status beyond a total time in leave status of 12 weeks.
- the total amount of leave granted will not exceed one-fourth of the balance of hours in the leave pool at the time of the employee's request.
- the value of the annual leave granted as crisis leave may not exceed 75% of the employee's pay received in a regular workweek and the employee will not accrue leave while using crisis leave

V. Donation Procedures

Contributions to the Crisis Leave Pool are strictly voluntary; no employee shall be coerced or pressured to donate leave. An employee donating to the pool may not designate a particular employee to receive donated time. Donations are accumulated in the pool and awarded on a first-come, first-served basis to eligible employees. Donations are limited to the following terms:

- an employee may donate a minimum of 8 hours of annual leave, above which donations are made in whole hour increments.
- the donor must have a balance of at least 120 hours of paid leave (annual) remaining after the contribution.
- donations are limited to 240 hours of annual leave per employee per calendar year.
- donations are limited to 120 hours of annual leave upon separation or retirement.

The employee must complete a donation to crisis leave form and designate the leave as a "Donation to the Crisis Leave Pool". This form should be turned in to the department leave keeper, who then forwards the slip to the Leave Pool Manager.

VI. Request Procedures

An employee may request leave from the Crisis Leave Pool by completing a Crisis Leave Request Form. The request must be accompanied by the employee's Family Medical Leave Act form and any accompanying documentation to the Leave Pool Manager. The Pool Manager reviews the request to make sure that the employee is eligible to receive crisis leave. The employee requesting crisis leave must provide all requested information necessary to make a final determination of eligibility.

All requests for crisis leave must be treated as confidential. All requests and documentation for crisis leave are submitted in envelopes marked "confidential." Requests proceed directly to the Leave Pool Manager for approval or disapproval.

Each request will be stamped time-and-day upon receipt by the Leave Pool Manager, and handled on a first-come, first-serve basis. When possible, a request is to be submitted at least 10 days before the crisis leave is needed. The Leave Pool Manager is allowed five working days from the date a request is received (with the required documentation) to approve all or part of the request, or deny the request, and communicate such approval or denial to the employee.

If the request is approved, the Leave Pool Manager will credit the approved time to the employee's leave record.

Any approved crisis leave is used and documented in accordance with the same procedures as regular paid leave taken by the employee.

VII. Changes in Status Affecting Crisis Leave

The granting of crisis leave is meant to cover only the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or if any other factor on which the approval was based, the employee must provide documentation describing the change to the Leave Pool Manager. The employee can request more crisis leave subject to the limits outlined above; however, extensions of crisis leave are not automatic. Each extension must be approved on a first-come, first-serve basis.

Hours granted from the Crisis Leave Pool may be used only for reasons stipulated in the approved request. The use of leave from the Crisis Leave Pool that is not in accordance with procedures and requirements outlined in this policy may constitute payroll fraud and will be dealt with accordingly.

Employees who are able to return to work before using all of their granted crisis leave must return the unused leave to the Crisis Leave Pool.

VIII. Compensation and Benefits

Crisis leave will be paid at the receiving employee's rate of pay.

An employee in crisis leave status will be considered in partial paid leave status and will continue to receive benefits as appropriate.

Employees on crisis leave will not accrue paid leave.

IX. Financial Impact

The cost of the crisis leave period will be borne by the recipient's employing unit.

HRM will maintain records on crisis leave donated and used on a dollar value basis.

X. Appeals

The decision to approve or deny crisis leave by the Leave Pool Manager is final and not subject to appeal.

LSU at Alexandria CRISIS LEAVE REQUEST FORM

Name:		
Campus Phone:	Hoi	me Phone:
Home Address:		
confirmed by the attacl physician's certificate	ned Family Medion which provides in want medical hist	risis situation that may qualify for crisis leave as cal Leave Act (FMLA) form which includes: information about the patient's condition, nature of tory, type of treatment prescribed, prognosis and
I am requesting following dates:	hours of Crisis	Leave (240 hour limit per calendar year) for the
(start dannual leave granted as and that I will not accre	s crisis leave can	(end date). I understand that the value of not exceed 75% of my pay in a regular work week sing crisis leave.
Employee Signature:		Date:
Approval by Leave Poo	ol Manager:	
Disapproval by Leave	Pool Manager:	
Date:		

This crisis leave request form must be submitted to the Leave Pool Manager, HRM, Room 126 Abrams Hall. Requests should be made at least 10 days before the crisis leave is needed. The Leave Pool Manager will contact you within 5 work days about the status of the request. The request must be accompanied by the FMLA form and the LSUA Application for Leave.

LSU at Alexandria

DONATION TO CRISIS LEAVE FORM

I voluntarily, without coercion or press leave.	sure, donate hours of my earned annual
year.) Donations must be made	irs. You may donate up to 240 hours per calendar in whole hour increments. No employee can remaining balance of at least 120 hours. Donations ited to 120 hours
I understand that the voluntary donation balance by the number of hours stated.	n is irrevocable and will reduce my annual leave
I understand that my identity as a dono	r will be kept confidential.
I understand that I may not stipulate wi	ho is to receive the donation of leave.
Please check if the donation is b LSUA.	peing made just prior to leaving or retiring from
Employee Signature:	Date:
Social Security Number:	
Approval*:	Date:
Date of Donation:	

*If your donation is not approved in whole or in part, a memo of explanation will be returned to you with this form.

This donation to crisis leave form must be submitted to the Leave Pool Manager, Human Resource Management.