



# ADMINISTRATIVE PROCEDURES

Procedure Number: 23-46

Effective Date: 09/20/2013

Revision Date: 07/02/2014

  
County Administrator

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SUBJECT: **Catastrophic Leave Bank Program (CAT BANK)**

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DEPARTMENT RESPONSIBLE: **Human Resources Department**

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## I. STATEMENT

Pima County provides a catastrophic leave bank program to assist eligible employees who have a qualifying event and have exhausted all accruals (compensatory time, sick leave and annual leave). The Catastrophic Leave Bank Program (CAT Bank) is strictly voluntary with a one-time enrollment option. This procedure applies to all Pima County departments with the exception of Juvenile Court, Superior Court and Clerk of the Superior Court.

This procedure provides the guidelines for enrollment in and administration of the CAT Bank. Pima County shall follow all Health Insurance Portability and Accountability Act (HIPAA) laws and regulations. The identity of CAT Bank members and recipients shall be kept confidential except as required to administer the program and for any required lawful purpose to avoid any semblance of pressure or coercion in the decision to enroll in the CAT Bank.

## II. DEFINITIONS

**CATASTROPHIC CIRCUMSTANCES** – when a member employee with a qualifying event (defined on page 2) lacks adequate personal leave accruals to cover resulting absences.

**CATASTROPHIC LEAVE BANK (CAT BANK)** – a pool of accrued annual and sick leave voluntarily contributed by employee members which, upon approval of the CAT Bank Administrator, may be allocated in full work day increments to member recipients experiencing catastrophic circumstances.

**CAT BANK ADMINISTRATOR** – an employee of the Human Resources Department who records enrollment in CAT Bank, reviews and approves leave distribution requests, communicates with Payroll and program related committees, tracks all leave and provides reports as needed.

**CAT BANK LEAVE** – the paid leave contributed to the CAT Bank by members and which may be transferred to member recipients.

**CAT BANK SUB-COMMITTEE** – a group consisting of one (1) member from SEIU, one (1) member from law enforcement/corrections, one (1) member from County Administration, and the non-voting Chair of HIBWAC, who shall also serve as the non-voting Chair for the CAT Bank sub-committee.

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**DOMESTIC PARTNER** – an unmarried adult with whom the employee cohabits, is financially interdependent, and maintains a domestic partnership.

**DOMESTIC PARTNERSHIP** – a relationship that meets the criteria outlined in the Pima County Affidavit of Domestic Partnership. An employee must have a current affidavit on file with Human Resources in order to receive benefits for his or her domestic partner and/or the domestic partner's children. Benefits include coverage in employee health and wellness benefits and the use of FML and/or CAT Bank Leave to provide care for a domestic partner.

**FAMILY AND MEDICAL LEAVE ACT (FMLA) OF 1993** - the federal law that requires employers to provide eligible employees with up to twelve (12) work weeks of unpaid, job-protected leave in a twelve (12)-month period for qualifying family and medical reasons.

**FAMILY AND MEDICAL LEAVE (FML)** – the administration of FMLA at the County level and within County guidelines. County FML provisions may exceed those provided under the FMLA.

**HEALTH INSURANCE BENEFITS & WELLNESS ADVISORY COMMITTEE (HIBWAC)** – a group established by the Board of Supervisors for the purpose of meeting with active employee stakeholders to advise the County Administrator concerning health benefits and wellness programs.

**MEMBER** – a Pima County employee who is enrolled in the CAT Bank and meets and maintains membership requirements.

**QUALIFYING EVENT** – an occurrence as currently defined by the Family and Medical Leave Act (FMLA) using 29 CFR § 825 and Pima County Administrative Procedure 23-37:

1. The employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of his or her job
2. Caregiving of the employee's spouse, son, daughter, parent or domestic partner with a serious health condition
3. Birth of a son or daughter and to care for the newborn child
4. Placement with the employee of a son or daughter for adoption or foster care
5. A military qualifying exigency while the employee's spouse, son, daughter, parent or domestic partner (the "military member") is on covered active duty or has been notified of an impending call or order to covered active duty status
6. Caregiving of a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, domestic partner or next of kin of the covered servicemember ("military caregiving")

**RECIPIENT** – a CAT Bank member who has been approved to receive CAT Bank Leave hours.

**SPOUSE** – for the purposes of CAT Bank administration, spouse is the employee's legally married husband or wife of the same or opposite gender. Domestic partners and fiancés are not considered spouses.

**III. PROCEDURE**

**A. Enrollment, Contributions & Membership Maintenance**

1. Enrollment in the CAT Bank is made by completing the Catastrophic Leave Bank Program Enrollment form (Attachment 1) and contributing the required number of sick and/or annual leave hours to the CAT Bank. Eligible full-time employees are required to contribute sixteen (16) hours and eligible part-time employees (working less than eighty (80) hours per pay period) are required to contribute at least eight (8) hours but have the option to contribute sixteen (16) hours to be eligible for the higher allocation (see table below). Upon successful completion of enrollment, the employee will be granted CAT Bank "member" status.

| <b>FT / PT Enrollment, Maintenance &amp; Allocation Levels</b>  | <b>Leave Hours Required to Enroll</b> | <b>Leave Hours Required to Maintain Membership</b> | <b>Maximum Allocation per Fiscal Year*</b> |
|---|---------------------------------------|--|--|
| <b>Eligible Full-Time Employee</b><br>(80 hours/pay period)   | 16                                    | Up to 8 hours annually                             | 240 hours                                  |
| <b>Eligible Part-Time Employee</b><br>(less than 80 hours/pay period)                                   | 8                                     | Up to 4 hours annually                             | 120 hours                                  |
| <b>Eligible Part-Time Employee</b><br>(less than 80 hours/pay period)<br><b>Joining at the FT Level</b> | 16                                    | Up to 8 hours annually                             | 240 hours                                  |

\*Special dispensation for Workers' Compensation/ICA cases – see item III.C.2.

2. Newly hired employees may enroll in the CAT Bank within sixty (60) calendar days following date of hire into a CAT Bank eligible position. New hire contributions will be made from the first sixteen (16) hours of accrued leave for full-time employees (or part-time employees joining at the full-time level) and from the first eight (8) hours of accrued leave for part-time employees.
3. Employees hired prior to September 29, 2013 had the option to enroll during the one-time three (3) month open enrollment period (September 29, 2013, through December 28, 2013).
4. A part-time employee member who transitions to a full-time CAT Bank eligible position will have two (2) pay periods to contribute an additional eight (8) hours to the CAT Bank if he/she originally joined at the part-time level. A full-time member who transitions to a part-time CAT Bank eligible position will not receive previously contributed hours. He/she may opt to retain the higher participation level as long as maintenance contributions are made at the full-time level.
5. An employee who transitions from a non-CAT Bank eligible position to a CAT Bank eligible position will be treated like a new hire for enrollment purposes. He or she will have sixty (60) calendar days after transitioning to the new position to join the CAT Bank. An employee who transitions from a CAT Bank eligible position to a non-CAT Bank eligible position will no longer be considered a CAT Bank member and prior contributions will be forfeited.

6. Investment of sick leave hours in the CAT Bank shall not count toward or reduce the unused portion of sick leave that an employee may convert to annual leave as set out in Personnel Policy 8-106.
7. If an employee elected/elects not to participate in the CAT Bank, whether during open enrollment or as a new hire, the employee will not have the option to enroll at a later date. This is to ensure that an employee cannot enroll only when he/she needs CAT Bank Leave.
8. An employee may cancel his or her enrollment in the CAT Bank at any time by providing thirty (30) calendar days' written notice. Hours already contributed to the CAT Bank will not be returned to the employee.
9. Contributed hours shall be credited on an hour-for-hour basis, regardless of the wage of the contributor(s) or recipient(s).
10. HIBWAC shall conduct an annual review of CAT Bank balances to determine the need for ongoing member maintenance contributions. If CAT Bank balances drop below a predetermined level, CAT Bank members will be required to contribute sick and/or annual leave as outlined in the table in item III.A.1. If a member does not have adequate leave balances at the time a maintenance contribution is due, he/she may make a maximum of two (2) installment contributions over two (2) pay periods. Sick leave accruals will be used first and annual leave accruals added as needed. If an employee does not have adequate leave accruals to make the maintenance contribution by the deadline, the employee's enrollment in the CAT Bank will be canceled and partial hours contributed toward the current maintenance contribution will be returned to the employee. A new CAT Bank member is exempt from a mandatory maintenance contribution due within his/her first year of employment.
11. A CAT Bank member may opt to voluntarily contribute additional hours to the bank during the pay period of his/her anniversary date. The CAT Bank Administrator must be contacted by the member prior to the anniversary date to arrange the contribution of hours.
12. A CAT Bank member retiring from County employment with a sick leave balance greater than 240.01 hours may opt to contribute sick leave hours to the CAT Bank before converting the remaining balance (after contribution) of 240.01 hours or more to annual leave as set forth in Personnel Policy 8-106.

A CAT Bank member retiring from County employment with a sick leave balance of 240 hours or less may contribute his/her sick leave balance to the CAT Bank.

An employee interested in exercising either of these options must contact the CAT Bank Administrator at least two (2) weeks prior to his/her retirement date.

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B. Eligibility to Receive CAT Bank Leave

1. Only members of the Pima County CAT Bank may receive CAT Bank Leave.
2. To receive hours from the CAT Bank, a member must meet the following criteria:
  - a. Be experiencing catastrophic circumstances as defined in this procedure;
  - b. Hold a position which qualifies for leave accrual when normally scheduled hours are worked;
  - c. Be eligible to use sick leave as set out in Personnel Policy 8-106;
  - d. Be on an approved unpaid leave of absence to include:
    1. FML;
    2. Medical Leave; or
    3. Humanitarian/Personal Leave for the birth and/or adoption of a child or the serious illness of a child, spouse, parent, domestic partner or the child of a domestic partner;
  - e. Have exhausted (or will soon exhaust) all leave banks including sick, annual and compensatory time at the time the CAT Bank Leave would be received.

C. Allocation of Time

1. A member may receive up to a predetermined allocation of hours per fiscal year from the CAT Bank as outlined in the table in item III.A.1.
2. Special allocation: If the qualifying leave event is an approved Workers' Compensation/ICA condition, the member may request up to a maximum of one (1) additional allocation per fiscal year from the CAT Bank, equivalent to the first allocation, as outlined in the table in item III.A.1. This request must be made prior to exhaustion of the first allocation.
3. A member shall only receive, in full work day increments, the amount of CAT Bank Leave that is actually needed. Any excess allocation shall be returned to the CAT Bank.
4. Disbursements from the CAT Bank are subject to availability of hours and shall only occur if there is a positive balance in the bank.
5. Disbursement of leave from the CAT Bank will cease upon:
  - a. exhaustion of CAT Bank hours;
  - b. exhaustion of the recipient's approved CAT Bank allocation;
  - c. end of the recipient's qualifying event;
  - d. end of the recipient's eligibility to receive CAT Bank Leave as outlined in item III.B. above;
  - e. recipient's return to working a normal work schedule;
  - f. termination or death of the recipient; or
  - g. written request by the recipient.

D. Requesting CAT Bank Leave

1. When a member has exhausted or is about to exhaust his/her available leave balances (to include compensatory time and sick and annual leave), he or she may request CAT Bank Leave by submitting the CAT Bank Request form (Attachment 2) to the CAT Bank Administrator. Incomplete forms will be denied.

If the request for CAT Bank Leave is to cover an intermittent leave of absence, the employee must submit a new CAT Bank request form to the CAT Bank Leave Administrator in the first week of each pay period during which he/she wants to utilize CAT Bank allocations.

Both continuous and intermittent CAT Bank allocations must be in full work day increments, with the exception of CAT Bank Leave allocated to cover FML supplementation of Workers' Compensation/ICA hours.

2. A member may be required to provide medical and/or other information relating to the need for leave. Failure to provide this information may result in denial of the member's request.
3. CAT Bank Leave requests will be processed in the order received.
4. The CAT Bank shall not have a negative balance. Therefore, CAT Bank Leave requests which exceed the CAT Bank balance may only be approved for an amount equaling the available balance.

E. Processing Requests

1. Upon receipt of a properly completed request form, the CAT Bank Administrator shall verify that the member is enrolled in the CAT Bank and eligible to receive leave.
2. The CAT Bank Administrator will review the member's request and determine if the event meets the criteria for a CAT Bank Leave allocation.
  - a. Each request will be considered on a case-by-case basis.
  - b. If additional information is needed, the CAT Bank Administrator will contact the member directly.
  - c. The CAT Bank Administrator may require the member to provide confirmation of a family relationship (e.g., spouse, parent, child, domestic partner or next-of-kin).
3. The CAT Bank Administrator will send the member a notice of approval or denial.
4. If approved, the CAT Bank Administrator shall communicate to Payroll the number of hours the member is eligible to receive.
5. CAT Bank Leave allocations shall be applied immediately following the exhaustion of the recipient's own accruals when the request is approved prior to exhaustion.
6. If a CAT Bank Leave allocation is approved after the exhaustion of accruals, leave will not be applied retroactively to prior pay periods. Requests approved before the last Wednesday of a pay period will be applied to the current pay period. Requests approved on or after the last Wednesday of the pay period will not be applied until the following pay period.
7. Denial of a request for CAT Bank Leave is neither grievable nor appealable.

F. Use of CAT Bank Leave

1. Leave must only be used for the approved reason.
2. A recipient may not use more leave hours than the number of hours normally scheduled. For example, a 30 hour per week employee may not use 40 hours of CAT Bank Leave per week.
3. A CAT Bank member shall not accrue sick and annual leave on CAT Bank hours utilized.
4. CAT Bank hours will be available for allocation in full work day increments only.
5. Misuse of the CAT Bank may result in approval ending or being rescinded. A member fraudulently using hours from the CAT Bank may be required to pay back the hours and may also be subject to disciplinary action up to and including dismissal.

G. Annual Review of CAT Bank

1. An annual assessment of CAT Bank balances shall be conducted by a HIBWAC sub-committee.
2. The sub-committee shall determine the need or lack of need for additional member contributions of sick and annual leave accruals to maintain the CAT Bank balance.
3. The HIBWAC CAT Bank sub-committee shall recommend to the Meet & Confer Committee whether or not to adjust the number of CAT Bank Leave hours available for disbursement to members under the program.
4. The Meet & Confer Committee shall review the CAT Bank Program annually.

IV. RESPONSIBILITIES

**Appointing Authorities** retain the authority to approve leaves of absence without pay in accordance with Personnel Policy 8-108.

**Finance & Risk Management (Payroll Division)** shall assist with the coordination of initial enrollment contributions by employees and the distribution of CAT Bank Leave to member recipients. In any given pay period, Payroll shall confirm that the recipient's compensatory time, sick leave and annual leave accruals are utilized before applying CAT Bank Leave hours.

**Member Employees** must not use or attempt to use CAT Bank Leave hours for reasons or conditions other than those approved by the CAT Bank Administrator. Misuse may result in approval ending or being rescinded and, when appropriate, may also result in disciplinary action up to and including dismissal.

**Departments** are responsible for notifying the CAT Bank Administrator upon an employee's return to work and/or change in ICA and/or workers' compensation status.

**Pima County Human Resources (HR)** shall manage the CAT Bank and related considerations, including breaches of confidentiality or allegations of pressure or coercion in the solicitation of contributions to the CAT Bank. HR shall also maintain the official CAT Bank files and archive and purge documents pursuant to Federal and State law and the Arizona State Library, Archives and Public Records retention schedule.

Attachment 1  
Employee Enrollment Contribution Form



**CATASTROPHIC LEAVE BANK**

For best results, please complete this form electronically.

**Employee Enrollment  
Contribution Form**

Deliver to CAT Bank at [CATBankAdmin@pima.gov](mailto:CATBankAdmin@pima.gov),  
150 W Congress, 4th floor or by Fax 520-791-6514.

|   |                      |                                      |                 |     |
|---|----------------------|--------------------------------------|-----------------|-----|
| Employee Name   |                      | EIN                                  | Date of Request |     |
| Current Mailing Address   |                      | City                                 | State           | Zip |
| Job Title/Classification  | Department Name/Code |                                      | Date of Hire    |     |
| Please send CAT Bank correspondence to: (select all that apply) |                      | Work days (ex: M-F):                 | Work Phone      |     |
| <input type="checkbox"/> My mailing address above.              |                      | Hours worked per day:<br>(ex: 8 hrs) | Home Phone      |     |
| <input type="checkbox"/> My work email:                         |                      |                                      | Cell Phone      |     |
| <input type="checkbox"/> My home email:                         |                      |                                      |                 |     |

In accordance with Pima County Personnel Policies and Administrative Procedure 23-46, I agree that:

**I am electing to enroll and participate in the Pima County Catastrophic Leave Bank Program.**

**Please take sick and annual leave, as it accrues, in the amount indicated below.**

- I am a full-time employee and understand there is an initial contribution requirement of 16 hours.
- I am a part-time employee and understand there is an initial contribution requirement of 8 hours.
- I am a part-time employee enrolling at the higher full-time level and understand there is an initial contribution requirement of 16 hours.

**I do not want to enroll or participate in the Pima County Catastrophic Leave Bank Program.**

*I understand that I will not have the option to enroll or participate at a later time.*

I understand and acknowledge by submitting this form that:

- I have read and understand Administrative Procedure 23-46 Catastrophic Leave Bank Program (CAT Bank).
- I am eligible to apply for CAT Bank membership.
- I know my options regarding becoming a member of the CAT Bank.
- I may be required to contribute up to a maximum of 8 hours annually for full-time enrollment or 4 hours annually for part-time enrollment.

|                                |      |
|--------------------------------|------|
| Name and Signature of Employee | Date |
|--------------------------------|------|

**CAT BANK Use Only**

|   |                |            |              |
|---|----------------|------------|--------------|
| Date Form Received: 70114   | Hours Donated: | # hrs Sick | # hrs Annual |
| Date of hire:   | ppe _____      | _____      | _____        |
| Enrollment is: <input type="checkbox"/> Complete <input type="checkbox"/> Cancelled | ppe _____      | _____      | _____        |
| Effective Date of enrollment:   | ppe _____      | _____      | _____        |
| CAT Bank Admin Signature/date:  | ppe _____      | _____      | E - CAT      |

Attachment 2  
Member Request for CAT Bank Leave Hours form



Member Request for  
CAT Bank Leave Hours

**CATASTROPHIC LEAVE BANK**  
For best results, please complete this form electronically.

Deliver to CAT Bank at [CATBankAdmin@pima.gov](mailto:CATBankAdmin@pima.gov),  
150 W Congress, 4th floor or by Fax 520-791-6514.

|  |                      |  |                         |  |
|--|----------------------|--|-------------------------|--|
| CAT Bank Member Name   |                      | EIN  | Date of Request         |  |
| Current Mailing Address:   |                      | City   | State                   | Zip  |
| Job Title/Classification   | Department Name/Code |  | Date of Hire            |  |
| Please send CAT Bank correspondence to: (select all that apply)  |                      | Work days (ex: M-F):   | Work Phone              |  |
| <input type="checkbox"/> My mailing address above.   |                      |  | Home Phone              |  |
| <input type="checkbox"/> My work email: _____  |                      | Hours worked per day:<br>(ex: 8 hrs)                         | Cell Phone              |  |
| <input type="checkbox"/> My home email: _____  |                      |  |                         |  |
| I understand and acknowledge by submitting this form that: <ul style="list-style-type: none"> <li>• Approved CAT Bank Leave hours may only be used for the reason(s) indicated below.</li> <li>• I have read and understand Administrative Procedure 23-46.</li> </ul> |                      |  |                         |  |
| <b>Reason for Leave:</b>   |                      | Refer to Administrative Procedure 23-46 for definitions.     |                         |  |
| <b>I am currently on the following leave of absence without pay (check type):</b>  |                      |  |                         |  |
| <input type="checkbox"/> FML   |                      | <input type="checkbox"/> Humanitarian/Personal Leave         |                         | <input type="checkbox"/> Medical Leave of Absence                      |
| <b>For: (check reason)</b>   |                      |  |                         |  |
| <input type="checkbox"/> Employee's own health condition   |                      | This injury is related to an ICA/Workers' Compensation claim |                         | <input type="checkbox"/> No <input type="checkbox"/> Yes Claim#: _____ |
| <input type="checkbox"/> To care for a family member with a serious health condition:  |                      |  |                         |  |
| Name: _____  |                      | Relationship: _____  | Date of Birth: _____    |  |
| <input type="checkbox"/> Birth of a child  |                      | Date of Birth: _____   |                         |  |
| <input type="checkbox"/> Adoption/Foster Care  |                      | Placement date: _____  |                         |  |
| <input type="checkbox"/> Military Qualifying Exigency  |                      | Name of Military Member: _____                               |                         |  |
| <input type="checkbox"/> Military Caregiving   |                      | Name of Covered Servicemember: _____                         |                         |  |
| <b>Anticipated Dates of CAT Bank Leave:</b>  |                      |  |                         |  |
| <input type="checkbox"/> Intermittent: I am requesting CAT Bank Leave hours on an intermittent basis.  |                      |  |                         |  |
| For pay period ending _____, I am requesting # _____ hours. (Full-day increments only.)  |                      |  |                         |  |
| I anticipate using CAT Bank hours on the following dates: _____  |                      |  |                         |  |
| <input type="checkbox"/> Continuous: I am requesting CAT Bank Leave hours on a continuous basis.   |                      |  |                         |  |
| Date accruals exhaust(ed): _____   |                      |  |                         |  |
| Estimated date of return to work: _____  |                      |  |                         |  |
| Name and Signature of Employee   |                      |  | Date                    |  |
| <b>CAT BANK Use Only</b>   |                      |  |                         |  |
| Received:  |                      | Entered:   |                         |  |
| Information is needed <input type="checkbox"/> On File <input type="checkbox"/> Requested _____  |                      | Hours Used:  | # hrs used              | initials   |
| Information Received on:   |                      | ppe _____  | _____                   | _____  |
| Employee: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify   |                      | ppe _____  | _____                   | _____  |
| CAT Bank Leave hours are: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  |                      | ppe _____  | _____                   | _____  |
| Total hours: _____   |                      | ppe _____  | _____                   | _____  |
| CAT Leave start: _____   |                      | CAT Leave end: _____   |                         |  |
| CAT Bank Admin Signature/date:   |                      |  | Payroll Signature/date: |  |
|  |                      |  | <b>R - CAT</b>          |  |