



ADMINISTRATIVE PROCEDURES

Procedure Number: 23-46

Effective Date: 02/25/2015

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A handwritten signature in black ink, appearing to read "C. J. Daulton", is written over a horizontal line.

County Administrator

SUBJECT: Catastrophic Leave Bank Program (CAT BANK)

DEPARTMENT RESPONSIBLE: Human Resources Department

I. STATEMENT

Pima County provides a catastrophic leave bank program to assist member employees who have qualifying events 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 continuous absences.

Catastrophic event - requires the use of cat bank hours. Shall be reviewed and approved by a pre-selected sub-committee to determine proper usage and distribution of cat bank hours. Only event circumstances will be reviewed. No names will be divulged as to maintain confidentiality as dictated within FML policy.

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 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, CAT Bank sub-committee and program related committees, and tracks all leave and provides reports as needed.

CAT BANK ELIGIBLE POSITION – A position (within a department that participates in the CAT Bank program) which qualifies for sick and annual leave accruals.

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. Members of the sub-committee shall sign and abide by the county HIPAA business associate agreement. Unauthorized disclosure of protected personal or health related information will be grounds for corrective action, up to and including termination.

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 that minimally meets the definition of the Family and Medical Leave Act (FMLA) using 29 CFR § 825 and Pima County Administrative Procedure 23-37 (meeting the minimal requirements of the FMLA does not necessarily qualify the event for CAT Bank hours):

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 service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, domestic partner or next of kin of the covered service member ("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 requires completion of the Catastrophic Leave Bank Program Enrollment form (Attachment 1) and contributing the required number of sick and 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.

FT / PT Enrollment, Maintenance & Allocation Levels	Sick Leave Hours Required to Enroll	Leave Hours Required to Maintain Membership <i>See III.A.10.a below</i>	Maximum Allocation per Fiscal Year <i>See III.C.2 below</i>
Eligible Full-Time Employee (80 hours/pay period)	16	Up to 8 hours annually	240 hours
Eligible Part-Time Employee (less than 80 hours/pay period)	8	Up to 4 hours annually	120 hours
Eligible Part-Time Employee (less than 80 hours/pay period) Joining at the FT Level	16	Up to 8 hours annually	240 hours

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 sick leave for full-time employees (or part-time employees joining at the full-time level) and from the first eight (8) hours of accrued sick leave for part-time employees.
3. 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

of accrued sick leave 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.

4. An employee who transitions from a non-CAT Bank eligible position to a CAT Bank eligible position will be treated like a new hire (see item III.A.2 above) 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 a CAT Bank member and prior contributions will be forfeited.
5. Employees hired/enrolled prior to March 1, 2016 had the option to enroll during a one time 30-day open enrollment period (March 1, 2016 through March 30, 2016).
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/elecs 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 (by email) to the CAT Bank Administrator. Hours previously contributed to the CAT Bank will not be returned to the employee.
9. Hours contributed to the CAT Bank shall be credited to CAT Bank members on an hour-for-hour basis, regardless of the wage of the contributor(s) or recipient(s). An employee need not be a member of the CAT Bank to contribute hours to the cat bank.
10. HIBWAC shall conduct annual reviews of CAT Bank balances to determine the need, if any, 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.
 - a. When a maintenance contribution is collected from a member, sick leave will be withdrawn first and the balance, if any, will be withdrawn from annual leave accruals.
 - b. If a CAT Bank member does not have enough sick and annual leave for the contributions to be withdrawn, he/she shall notify the CAT Bank Administrator (by email) at least one (1) pay period prior to the contribution collection date.
 - c. 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.
 - d. If an employee does not have adequate leave accruals to make the full maintenance contribution by the deadline, the employee's enrollment in the CAT Bank will be canceled. The partial hours

contributed toward the current maintenance contribution will be returned to the employee.

- e. A CAT Bank member who does not have adequate leave accruals to make the full maintenance contribution and who is currently on a continuous leave of absence, will not be eligible to use CAT Bank hours for the new fiscal year until the maintenance contribution is withdrawn from her/his accruals. The member must make the maintenance contribution within the following two (2) pay periods from when he/she returns to work.
 - f. A new CAT Bank member is exempt from a mandatory maintenance contribution due within his/her first year of enrollment.
11. Any County employee may opt to voluntarily contribute additional hours to the bank during the pay period of his/her anniversary date. The employee must contact the CAT Bank Administrator (by email) at least two (2) full pay periods prior to his/her anniversary date to arrange the contribution of leave hours.
 12. A County employee separating 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 County employee separating 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 (by email) at least one (1) pay period prior to his/her separation date.

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 continuous 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. The determination to grant additional time shall be made in consultation with Risk Management.
3. A member shall only receive 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.
 - a. Continuous Leave: if the request for CAT Bank Leave is to cover a continuous leave of absence, the employee must submit one (1) CAT Bank Request Form to cover the entire continuous leave time period. End dates may be estimated if return date is unknown. If the leave changes to intermittent, a new request form must be submitted as outlined in section III.D.1.b below.
 - b. Intermittent leave: CAT Bank leave shall generally be for a continuous leave period. Use of CAT Bank leave for other than a continuous leave shall be reviewed and approved by the cat bank sub- committee on a case-by-case basis and shall only be granted for special circumstances.
2. All CAT Bank Request Forms must be received by the CAT Bank Administrator no later than the last Thursday of the pay period to receive allocations during the pay period. Late and incomplete forms will be denied.
3. A member shall provide medical and/or other information relating to the need for leave. Failure to provide this information shall result in denial of the member's request.

4. The member must be on an approved leave of absence by the end of the pay period for which he/she is requesting CAT Bank hours.
5. CAT Bank Leave requests will be processed in the order received.
6. 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 CAT Bank leave. The member must be on an approved leave of absence by the end of the pay period for which he/she is requesting CAT Bank hours.
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 shall require the member to provide confirmation of a family relationship (e.g., spouse, parent, child, domestic partner or next-of-kin) if applicable and not already on file with the county.
3. The CAT Bank Administrator will send the member a notice of approval or denial.
4. 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.
5. If a CAT Bank Leave allocation is approved after the exhaustion of accruals, leave will not be applied retroactively to prior pay periods.
6. Denial of a request for CAT Bank Leave is neither grievable nor appealable.

F. Use of CAT Bank Leave

1. Leave shall 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. Misuse of the CAT Bank or an attempt to misuse CAT Bank may result in approval ending or being rescinded. A member fraudulently using hours from the CAT Bank shall be required to pay back the hours and shall be subject to corrective action and shall be removed from CAT Bank membership.

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.

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 shall result in approval being rescinded and removal from the CAT Bank and will be grounds for corrective action, up to and including, termination.

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,
150 W Congress, 4th floor or by Fax 520-791-6514.

Employee Name	SSN	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) <input type="checkbox"/> My mailing address above. <input type="checkbox"/> My work email. <input type="checkbox"/> My home email.	Work days (ex: M-F):	Work Phone	
	Hours worked per day (ex: 8 hrs)	Home Phone	
		Cell Phone	

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:	
Date of hire:		# hrs Sick	# hrs Annual
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,
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.		Hours worked per day: (ex: 8 hrs)	Home Phone:	
<input type="checkbox"/> My work email:			Cell Phone:	
<input type="checkbox"/> My home email:				

I understand and acknowledge by submitting this form that:
 • Approved CAT Bank Leave hours may only be used for the reason(s) indicated below.
 • I have read and understand Administrative Procedure 23-46.

Reason for Leave: *Refer to Administrative Procedure 23-46 for definitions.*

I am currently on the following leave of absence without pay (check type):

FML Humanitarian/Personal Leave Medical Leave of Absence

For: (check reason)

Employee's own health condition This injury is related to an ICA/Workers' Compensation claim: No Yes Claim#: _____

To care for a family member with a serious health condition:
 Name: _____ Relationship: _____ Date of Birth: _____

Birth of a child Date of Birth: _____

Adoption/Foster Care Placement date: _____

Military Qualifying Exigency Name of Military Member: _____

Military Caregiving Name of Covered Servicemember: _____

Anticipated Dates of CAT Bank Leave:

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: _____

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: _____

CAT BANK Use Only				
Received:	Entered:	Hours Used:	# hrs used	Initials
Information is needed: <input type="checkbox"/> On File <input type="checkbox"/> Requested Information Received on: _____ Employee: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify CAT Bank Leave hours are: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Total hours: _____ CAT Leave start: _____ CAT Leave end: _____ CAT Bank Admin Signature/Date: _____		ppe _____	_____	_____
		ppe _____	_____	_____
		ppe _____	_____	_____
		ppe _____	_____	_____
		ppe _____	_____	_____
CAT Bank Admin Signature/Date: _____		Payroll Signature/Date: _____		R - CAT