

# **Crisis Leave Program**

**EFFECTIVE: 1/20/2025** 

#### **PURPOSE**

The Crisis Leave Program is a means of providing paid leave to an eligible employee who has experienced a catastrophic illness or injury to themselves or eligible family member. The intent of the program is to assist employees who, through no fault of their own, have insufficient paid leave to cover the crisis leave period.

#### **DEFINITIONS**

Eligible Employee is an employee of LSUE who is eligible to earn leave in accordance LSU Eunice Policy No.19 and LSU Permanent Memorandum No. 20. Classified employees must have attained permanent status to donate or use crisis leave.

## Eligible Family Member

An individual living in the same household who is related to the employee by kinship, adoption, 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 of service on a continuing basis.

<u>Licensed Medical Service Provider (LMSP)</u> is 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 their license. This is to include licensed Physicians (a Doctor of Medicine) or M.D., Doctor of Osteopathic Medicine or D.O., or licensed Chiropractors, Counselors, or Therapists as recognized and licensed by appropriate state boards or authorities.

Catastrophic Injury or Illness is a severe condition or combination of conditions that:

- 1. Affects the physical or mental health of the employee or the employee's eligible family member; and
- 2. Requires the services of a licensed medical service provider for a prolonged period of time; and
- 3. Prevents the employee from performing their duties for a period of more than ten consecutive days and forces the employee to exhaust all appropriate leave described in other parts of this policy and to lose compensation from the state.

Leave Pool Manager is the Human Resources Manager or their designee.

Crisis Leave Committee is a committee comprised of three members and the Leave Pool Manager or designee.

- 1. Faculty Senate Chair
- 2. Staff Senate Chair
- 3. LSU Eunice Chief Financial Officer

The Committee acts to support the administration of the Crisis Leave Program, review the pool and program management practices by the Leave Pool Manager. When not otherwise specified in written policy, the



Committee may recommend operational guidelines and procedures for the Crisis Leave Program.

## I. ELEGIBILITY REQUIREMENTS

An employee is not required to contribute to the Crisis Leave Pool to be eligible to receive crisis leave. An eligible employee may apply to receive crisis leave if the following requirements are met:

- 1. The employee, or employee's eligible family member, suffers from a catastrophic illness or injury; and
- 2. The employee has exhausted all appropriate leave in accordance with LSU Eunice Policy No.19 and LSU Permanent Memorandum No. 20; and
- 3. The employee has exhibited satisfactory attendance (with no history of leave abuse), and is not absent from work due to disciplinary reasons; and
- 4. The catastrophic injury or illness is not occupationally related (therefore making that employee eligible for Worker's Compensation) or was not attained in the commission of an assault or felony; and
- 5. The appropriate documentation from a Licensed Medical Service Provider is provided to the Leave Pool Manager along with a completed on the Request for Crisis Leave Form.

#### II. CRISIS LEAVE THAT MAY BE APPROVED

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 Licensed Medical Service Provider, subject to the following limits:

- 1. A maximum of 240 hours may be granted to an eligible employee during one calendar year;
- 2. Crisis leave may not be granted to any individual to extend paid leave status beyond a total time in leave status of 12 weeks:
- 3. The total amount of leave granted will not exceed the balance of hours in the leave pool at the time of the employee's request.
- 4. The value of the 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.



#### III. DONATION PROCEDURE

Contributions to the Crisis Leave Pool are strictly voluntary; no employee shall be coerced or pressured to donate leave. An employee donating to the leave pool may not designate a particular employee to receive donated time. The donor must complete a Donation to Crisis Leave form and submit it to the Leave Pool Manager. Donations are accumulated in the pool and awarded on a first-come, first-served basis to eligible employees. Donation restrictions are as follows:

- 1. Classified employees may donate a minimum of 4 hours of annual leave, donations beyond 4 hours must be made in whole-hour increments. Donations are limited to 240 hours of annual leave per employee per calendar year.
  - a) The donor must have a balance of at least 120 hours of annual leave remaining after the contribution.
- 2. Professional hourly employees may donate a minimum of 4 hours of annual, sick, and/or compensatory leave, donations beyond 4 hours must be made in whole-hour increments. Donations are limited to 240 hours of combined annual, sick, and compensatory leave per employee per calendar year.
  - a) The donor must have a combined balance of at least 120 hours of annual and/or compensatory leave remaining after a contribution of either leave type.
  - b) The donor must have a balance of at least 480 hours of sick leave remaining after a contribution of sick leave.
    - i. A donor must have a balance of at least 120 hours of sick leave remaining after a contribution of sick leave made just prior to leaving or retiring from the University
- 3. Professional salaried employees and faculty on twelve-month appointments may donate a minimum of 4 hours of annual or sick leave, donations beyond 4 hours must be made in whole-hour increments. Donations are limited to 240 hours of combined annual and sick leave per employee per calendar year.
  - a) The donor must have a balance of at least 120 hours of annual leave remaining after a contribution of annual leave.
  - b) The donor must have a balance of at least 480 hours of sick leave remaining after a contribution of sick leave.
    - i. A donor must have a balance of at least 120 hours of sick leave remaining after a contribution of sick leave made just prior to leaving or retiring from the University
- 4. Faculty on nine-month appointments may donate a minimum of 4 hours of sick leave, donations beyond 4 hours must be made in whole-hour increments. Donations are limited to 240 hours of sick leave per employee per calendar year.
  - a) The donor must have a balance of at least 480 hours of sick leave remaining after a contribution of sick leave.
    - i. A donor must have a balance of at least 120 hours of sick leave remaining after a contribution of sick leave made just prior to leaving or retiring from the University
- 5. Voluntary donations made to the Crisis Leave Pool are irrevocable.



## IV. REQUEST PROCEDURE

An employee may request leave from the Crisis Leave Pool by completing a Crisis Leave Request form. The request must be submitted directly to the Leave Pool Manager with a copy of the employee's Certification of Physician or Practitioner (FMLA-01 form). The Leave Pool Manager reviews the request to verify if 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.

### V. CONFIDENTIALITY OF REQUESTS

All requests for crisis leave must be treated as confidential. All requests and documentation for crisis leave will be submitted directly to and maintained by the Leave Pool Manager.

## VI. ADJUDICATION OF REQUESTS

Each request for crisis leave will be automatically time and date stamped upon submission to the Leave Pool Manager and handled on a first-come, first-served 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 or their designee will credit the approved time to the employee's leave record.

#### VII. USE OF CRISIS LEAVE

Crisis leave can be approved for a maximum of 75% effort and is documented in accordance with the same procedures as regular paid leave taken by the employee.

## VIII. CHANGES IN THE STATUS AFFECTING CRISIS LEAVE

- 1. Crisis leave may be used only for the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or of any other factor on which the approval was based, the employee must provide documentation describing the change to the Leave Pool Manager. The employee may request additional crisis leave subject to the limits outlined above. Extensions of crisis leave are not automatic. Each request for extension will be addressed on a first-come, first-served basis.
- 2. Use of leave from the Crisis Leave Pool for reasons other than those stipulated and approved by the Leave Pool Manager and/ or failure to abide by procedures and requirements outlined in this policy may constitute payroll fraud and will be addressed accordingly.
- 3. Employees who are able to return to work before using all crisis leave granted must return the unused crisis leave to the Crisis Leave Pool.

#### IX. COMPENSATION AND BENEFITS

- 1. Crisis leave will be paid at the receiving employee's rate of pay.
- 2. An employee in crisis leave will be considered in partial paid leave status and will continue to receive benefits as appropriate.



3. Employees on crisis leave will not accrue paid leave

# X. FINANCIAL IMPACT

- 1. The cost of the crisis leave period will be borne by the recipient's department.
- 2. The Office of Human Resource Management will maintain records on crisis leave donated and used on a dollar value basis.

# XI. APPEALS

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

# **DONATION TO CRISIS LEAVE FORM**

|  | I voluntarily, without coercion or pressure, donatehours of my earned annual leave.  |  |  |  |  |
|--|--|--|--|--|--|
|  | I voluntarily, without coercion or pressure, donatehours of my earned sick leave.  |  |  |  |  |
|  | [Donations must be at least 4 hours, and donations must be made in whole hour increments. Employees may donate up to 240 hours per calendar year; however, a leave balance of 120 hours must be maintained after the donation. Donations at separation/retirement are limited to 120 hours total.]                     |  |  |  |  |
|  | I understand that the voluntary donation is <a href="irrevocable">irrevocable</a> and will reduce my annual and/or sick leave balance the number of hours stated.  I understand that my identity as a donor will be kept confidential.  I understand that I may not stipulate who is to receive the donation of leave. |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Please check if the donation is being made prior to leaving or retiring from LSU system.   |  |  |  |  |
|  | Employee Name (Please Print):  |  |  |  |  |
|  | LSU Workday Number: Date:  |  |  |  |  |
|  | HR Approval*:  |  |  |  |  |
|  | *If your donation is not approved in whole or in part, a memo with an explanation will be returned to  |  |  |  |  |

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

Please scan and email completed form to hr@lsue.edu for processing.

#### **CRISIS LEAVE REQUEST FORM**

Please submit to the Office of Human Resource Management, Science Building, Rm 120 or via fax to (337) 550-1450, or email to hr@lsue.edu.

\*The request must be accompanied by a copy of your FMLA form.

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 serious injury; or
- the employee has a significant other or child who is still financially supported by the employee, or a
  dependent parent for whom the employee is the primary caregiver who experiences a catastrophic illness or
  serious injury; and
- the employee has exhausted all appropriate leave in accordance with this policy; 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 illness or serious injury is not occupationally related (therefore making that employee eligible for workers' compensation) and was not attained in the commission of an assault or felony; and
- the employee is unable to perform his/her duties for a period of **more than ten (10) consecutive days** and the employee is forced to exhaust all appropriate leave described in other parts of this policy and to lose compensation from the state; and
- the appropriate documentation from a LMSP, along with the FMLA form is provided to the Leave Pool Manager.

I (or family member/relation) have a crisis situation that may qualify for crisis leave. Please see attached <u>Family Medical Leave Act (FMLA) form</u>, which includes physician's certificate, and provides information about the patient's condition, nature of illness/injury, relevant medical history, type of treatment prescribed, prognosis, and their ability to return to work.

| Name (Please Print):   | LSU Workday Number: |                 |             |
|--|---------------------|-----------------|-------------|
| Campus Phone:  | Mobile Phone:       | MyLS            | UID:        |
| Home Address:  |                     |                 |             |
| I am requesting crisis leave for t   | he following dates: | (start date) to | (end date). |
| I understand that the value of th<br>week and that crisis leave is limi<br>leave while using crisis leave. | _                   |                 |             |
| Employee Signature:  |                     | Date            | e:          |

Requests should be made at least 10 days prior to the need for crisis leave, if possible. HR will contact the employee within five working days regarding the status of the request.