NORTHERN NEVADA ADULT MENTAL HEALTH

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: (CATASTROPHIC LEAVE	
NUMBER:	NN-HR-41	Page 1 of 20
ORIGINAL D	ATE: 10/16/08	
REVIEW/RE'	VISE DATE:	
APPROVAL:	Rosalyne Reynolds [s]	, Agency Director
~~~~~~ PURPOSE:	To ensure that NNAMHS complies with state law procedures for the use of catastrophic leave.	w and regulations, and DHHS
POLICY:	Northern Nevada Adult Mental Health Services and Human Services' Catastrophic Leave Bank employees meeting the criteria for catastrophic – 284.577 and NRS 284.362 – 284.3626.	for use by Division and Department
REFERENCI	E: MHDS Policy #5.013-Catastrophic Leave	
PROCEDUR	RES:	
I. Employee	e Request Process	

To initiate a request for catastrophic leave, the employee or a person acting on the employee's behalf must complete a Request to Receive Catastrophic Leave

Donations (DHHS' PAY-23, Attachment A). Catastrophic leave may be requested for the following conditions:

- A. The employee is unable to perform the duties of his/her position because of a serious illness or accident which is *life threatening* or *which will require a lengthy convalescence*. "Lengthy convalescence" is defined as a period of disability which an attending physician expects to exceed 10 consecutive weeks. "Life threatening" is defined as a condition which is diagnosed by a physician as creating a substantial risk of death.
- B. An immediate family member, as defined in NAC 284.562, is suffering from a serious illness or accident which is life threatening or which will require a lengthy convalescence and the employee's attendance is required.
- C. If there is a death in the employee's immediate family, as defined in NAC 284.562. The use of accrued sick leave or catastrophic leave is limited to five working days for each death unless the appointing authority approves additional time required for traveling related to the funeral arrangements.

The first two conditions require an employee to submit a completed Physician's Certification for Catastrophic Leave Request (PAY23-C, Attachment B). The appointing authority may also request recertification at appropriate intervals during the course of the leave.

An employee must exhaust all accrued annual leave, sick leave, and compensatory time before he/she is eligible to use catastrophic leave. Sick and annual leave does not accrue while an employee is on catastrophic leave, per NAC 284.5385(1) & 284.544(1). The maximum number of hours of catastrophic leave that can be received by an employee is 1,040 during a calendar year. An employee may request catastrophic leave regardless of the employee's length of service or whether or not he/she is a permanent employee.

The employee must submit the Request to Receive Catastrophic Leave Donations (Attachment A) to his/her authorized supervisor for review. The authorized supervisor notes any comments regarding his/her recommendation for approval or denial of the request in Section III of the request, signs the request and forwards it to the agency personnel office.

The personnel representative completes Section II of the request, confirming the date all paid leave will be exhausted, and completes the COPE Review Checklist (PERS 3, Attachment D). These three documents are to be forwarded to the division personnel office. The division personnel representative forwards the Request to Receive Catastrophic Leave Donations to the division administrator for consideration.

The division administrator reviews the Request to Receive Catastrophic Leave and the COPE Review Checklist. The division administrator determines whether or not the employee meets the requirements to receive catastrophic leave and whether or not to approve the request. The administrator documents his/her determination in Section IV of the request to include, if applicable, an explanation of why the request was denied.

If the division administrator denies the employee's request, the employee is to be given a copy of the denied Request to Receive Catastrophic Leave. The personnel representative is to document the date the denied request is provided to the employee, to include completing a certificate of mailing if the denied request is mailed to the employee.

If the request is approved, the division administrator determines the number of hours of catastrophic leave that he/she will authorize contingent upon donations and the number of hours, if any, that will be authorized from donations available to the division in the DHHS general fund. The division administrator documents his/her determination on the COPE Review Checklist. The division administrator returns the request and checklist to the division personnel office. The division Personnel Officer presents the Request to Receive Catastrophic Leave to COPE (Committee on Personnel Effectiveness). COPE reviews the request for compliance with the NRS and NAC, hours requested, and consistency within the department.

The division personnel office submits the original signed request to the DHHS Deputy Director for Administration, accompanied by a copy of the Physician's Certification for

Catastrophic Leave Request and a copy of the COPE Review Checklist. The DHHS Deputy Administrator reviews the request, communicating with the division if additional information is required, ensuring that sufficient hours are available if DHHS general fund hours have been authorized by the division, and documents the department's determination in Section V of the request. The DHHS Deputy Administrator returns the original Request to Receive Catastrophic Leave Donations form to the division personnel office for processing and retains a copy of the request.

Upon receipt of the approved Request to Receive Catastrophic Leave Donations from DHHS (through the division personnel office), the agency personnel representative completes the Notification of Agency's Payroll Center (PAY-23A, Attachment C), consistent with the number of hours authorized on the approved request form, obtains the required signature, provides the notification form to the payroll representative for processing, and retains a copy of the notification form. The agency personnel representative provides the employee with a copy of the approved Request to Receive Catastrophic Leave Donations and documents the date the approved request is provided to the employee, to include completing a certificate of mailing if the approved request is mailed to the employee.

When the requested catastrophic leave exceeds six weeks, it is typically approved in six-week increments contingent on the employee's submission of updated Physician's Certification forms to the personnel representative for each requested period. These continuation requests are to be documented on a new Request to Receive Catastrophic Leave Donations form completed by the personnel representative and submitted for approval to the division personnel office/administrator and the DHHS Deputy Director as described above. "Continuation" should be written on the upper right-hand corner of the form. Catastrophic leave contingent upon donations is typically granted before consideration is given to granting leave from the limited number of hours available in the DHHS general fund.

Catastrophic leave hours must not be granted to or used by an employee for time periods after the need to take leave for a catastrophe ceases to exist or after the employee resigns or after his/her employment with the division is terminated.

## III. Confidentiality

Every effort must be made to ensure information regarding the medical condition of an employee or his/her family member remains confidential. This includes discussing the information with only those who have a legitimate need to know, transmitting information in a confidential envelope, and maintaining medical information in a locked file separate from the employee's personnel jacket.

### IV. Appeal Process

An employee who is aggrieved by a decision of an appointing authority may appeal the decision by filing a written notice of appeal with the Committee on Catastrophic Leave within 10 calendar days after the date of the appointing authority's decision.

An employee who wishes to appeal a decision should complete a Formal Appeal to Committee on Catastrophic Leave (PAY-23B, Attachment E) and submit the appeal form to the Committee on Catastrophic Leave, c/o Nevada State Department of Personnel, 209 East Musser Street, Room 101, Carson City, NV 89701.

The Committee on Catastrophic Leave will schedule a hearing within 5 calendar days after receiving notice of an appeal and notify the employee and the division of the hearing date. The hearing itself will be held not later than 20 calendar days after the committee received notice of an appeal.

The employee may represent himself/herself at the hearing or may be represented by an attorney or other person of the employee's choosing. The division should also have a representative present at the hearing.

The Committee on Catastrophic Leave will render a decision within 10 calendar days of the hearing. The decision of the committee is final and is not subject to judicial review or the grievance procedure.

#### V. Donations

The Request to Receive Catastrophic Leave Donations form (Attachment A) asks the employee to indicate whether he/she would like solicitation of donations from coworkers, and if so, whether they want a general description of the medical condition prompting the request to be included. If an employee agrees to have his/her need for catastrophic leave publicized, the personnel representative will solicit donations from the agency/division/department, as appropriate. The employee may prefer to solicit his/her own donations. Donations from those employed in other departments or in the legislative or judicial branches may be accepted.

Annual, sick leave or special sick leave may be donated for catastrophic leave. However, sick leave may not be donated if the sick leave balances in the donor's account after the transfer will be less than 240 hours. Donations must be made in 8-hour increments. The maximum number of hours that may be donated by any employee during a calendar year is 120 hours.

Intended donations are documented on the Notice of Intent to Donate Leave portion of the Catastrophic Leave Form (NPD-25, Attachment F). The donor indicates whether the donation is to be directed to a specific person or to the DHHS general fund, and the type of leave he/she wishes to donate. Processing instructions for personnel/payroll representatives are included on the back of the NPD-25 form. The personnel representative is responsible for notifying employees of the status of their donations when made to a specific employee. A sample memorandum for this purpose is included as Attachment G.

If an employee wishes to donate leave to the DHHS general fund, the designated personnel/payroll representative is responsible for processing the Special Pay/Time Adjustment form necessary to transfer the leave from the donor's account to the DHHS general fund and for forwarding a copy of the donation (NPD-25) and the Special Pay/Time Adjustment form to division personnel office for forwarding to the DHHS Deputy Director at the time the transfer occurs.

There is only <u>one</u> general fund for the department as a whole. The DHHS Deputy Director tracks, by division, the source and distribution of donations to and withdrawals from the DHHS general fund based on documentation received from each division. No leave will be credited to the division's portion of the DHHS general fund until the DHHS

Deputy Director receives a copy of the authorized donation (NPD-25) and the Special Pay/Time Adjustment form. No donations may be designated by personnel representatives for transfer from the division's portion of the DHHS general fund to an employee unless the division administrator and the DHHS personnel officer or their designees have authorized the transfer, as evidenced by both of their signatures on the Request to Receive Catastrophic Leave Donations form.

Unused leave from the DHHS general fund must be returned to the general fund. Upon receipt by the DHHS Deputy Director of a Catastrophic Leave Reconciliation form (PERS4, Attachment H) and, if applicable, a copy of a Special Pay Time Adjustment form, the leave will be credited back to the division's portion of the general fund.

## VI. Recordkeeping

The designated payroll/personnel representative processes the Special Pay/Time Adjustment forms necessary to transfer leave from a donor to the catastrophic leave recipient's account. Donations to a particular employee, documented on the NPD-25, must be date stamped as they are received and are to be used one at a time according to the date they were received. If an employee is authorized to receive leave from the DHHS general fund, that authorization and the number of hours will be documented on the Request to Receive Catastrophic Leave Donation form and must be signed by both the division administrator and by the DHHS Deputy Director or their designees. This authorization will in turn be documented by the personnel representative on the Notification of Agency's Payroll Center. The designated personnel/payroll representative is responsible for processing the Special Pay/Time Adjustment form necessary to transfer leave from the DHHS general fund to the recipient's account and for forwarding a copy of the Special Pay/Time Adjustment form to the DHHS Deputy Director through the division personnel officer at the time the transfer occurs.

Donations must not be transferred to an employee beyond the level required for the report period (i.e., an employee must not carry a catastrophic leave balance on his/her payroll record). The personnel representative must ensure that copies of completed and signed donation forms (NPD-25, Attachment F) are provided to the division personnel office for forwarding to the DHHS personnel officer. Donations in an amount beyond the number of hours or from a different source (individual donations vs. general fund)

approved by the division and by DHHS may not be processed. Leave donated in excess of the amount approved for a particular employee must be returned to the employee who made the donation within 30 working days after the last day the catastrophic leave recipient was eligible to receive leave.

Timesheets indicating catastrophic leave usage must be signed by the employee's supervisor.

The division Personnel Officer, in conjunction with applicable agency personnel and payroll representatives, maintains the information required by NAC 284.576 and maintains an accurate record of all catastrophic leave transactions. The division Personnel Officer ensures agency personnel and payroll representatives receive the DHHS catastrophic leave procedures and any updates to the procedures and ensures the DHHS personnel officer receives documentation as outlined in the procedures.

### VII. End of Leave/Year End Reporting Requirements

At the conclusion of an employee's catastrophic leave or at the end of the calendar year, whichever occurs first, the personnel representative ensures a Catastrophic Leave Reconciliation form (PERS 4, Attachment H), documenting the disposition of donations, is completed for each employee and is submitted to the DHHS Deputy Administrator through the division personnel office. If the catastrophic leave is continuing into the next calendar year, donations that are being carried forward must be indicated on the form.

#### VIII. Leave in Excess of 240 Hours

The personnel representative monitors the hours an employee is on catastrophic leave and leave without pay. Time on catastrophic leave and leave without pay combined, in excess of 240 hours, which began during the year following the date of appointment does not count towards completion of a probationary period. An employee's pay progression date must also be adjusted for time on catastrophic leave and leave without pay combined in excess of 240 hours. (NAC 284.448; 284.182).

#### IX. LTD Coordination

When an employee on catastrophic leave has a disability that is expected to last at least 6 months, the personnel representative is to inform him/her of the state's long-term disability (LTD) plan and the process for submitting an application for benefits through the Public Employees Benefits Program. An employee who has been unable to work for 6 months or more may be eligible for benefits (up to 60% of his/her pay, adjusted for other income). An application for benefits may be submitted prior to 6 months. LTD coverage is part of an employee's regular group plan benefits. The personnel representative should coordinate with Public Employees Benefits Program to ensure that catastrophic leave is not granted in lieu of available LTD benefits.

## X. Worker's Compensation

An employee who is entitled to worker's compensation and catastrophic leave benefits may not receive more than 100% of his/her pay for the period he/she is on leave. An employee must repay the account for catastrophic leave when the combined benefit of catastrophic leave and worker's compensation exceeds his/her normal rate of pay (NAC 284.577).

XI. Each agency shall adopt policies and procedures to implement the provisions of this policy or shall incorporate this policy into its policy and procedure manual.

# REQUEST TO RECEIVE CATASTROPHIC LEAVE DONATIONS

# **SECTION I**: To be completed by the employee or designated representative

Employee Name:				ID #:		
Continuous Service Date:		Title:				
Class Code:	Grade:		Step:			Hourly Rate:
Department:	Ι	Division:			Budget Ac	eet #:
1. I am requesting cata	strophic lea	ve donations for	(check one)	):		
in my immediate famil  The death of an immediate famil  284.558). Cannot exceed	ndition which accident what y (per NRS) nediate famed 40 hours.	ch is "life threater nich is "life threat 284.362(2), NAC ily member (per l	ning" (per Nening" or w C 284.5235, NRS 284.36	VAC 284. Which will and NAO 52(3) and	575) I require C 284.55 I NAC 28	a "lengthy convalescence" (8)
name and your relat	ionship to tl	ne family member	r.			
Name:		R	elationship	<b>:</b>		
3. I will need to use ca	tastrophic le	eave beginning (d	ate)	a	and endir	ng on:
for a total of					naximum	number of hours that
If Catastrophic Leav circulated to employ						•
If yes, do you consent t included in such a mem	`		n of yours	or your fa	amily me	ember's health condition
Employee's or designated to	representati	ve signature	Date			
Attach Physician's Certifi An employee "aggrieved" b 284.3626, may appeal the d on Catastrophic Leave with	y any decis ecision by f	ion of an appoint iling a written no	ing authorit	y made p eal ( <b>Form</b>	oursuant ( 1 PAY-2	to NRS 284.362 to
SECTION II: To be comp	pleted by th	ne Personnel Rep	resentativ	e		
The employee will exha	ust his/her	sick and annual le	eave on (dat	te):		

Signature of Personnel Representative

Date

Distribution: Appointing Authority Employee

# REQUEST TO RECEIVE CATASTROPHIC LEAVE DONATIONS (CONTINUED)

SECTION III: Supervisor's Signature	
Signature of Immediate Supervisor Date	
Comments:	
SECTION IV: To be completed by appointing a Complete all that are appropriate:  The employee does not meet the statutory and regulatory requirements to The employee meets the statutory and regulatory requirements to receive  I am authorizing the transfer of hours of catastrophic leave leave account.  I am authorizing hours of catastrophic leave contingent upon I am authorizing:	receive catastrophic leave. catastrophic leave. from the general catastrophic donations.
If the employee meets the statutory and regulatory requirements to receive cat have not approved the employee's request for the transfer of hours, please exp	
Signature of Division Administrator	Date
SECTION V: Department of Health & Human Service	ces Signature
Signature of Department of Health & Human Services Date	
Comments:	

^{*}If approved, Notification of Agency's Payroll Center (Form PAY-23A) must be completed to notify PayrollCenter. COMMENTS:

Distribution: Appointing Authority, Employee

# State of Nevada Physician's Certification for Catastrophic Leave Request

The State of Nevada's Catastrophic Leave program allows State employees to donate excess sick or annual leave to eligible coworkers who have experienced a catastrophe and have exhausted their own paid leave balances. As per NAC 284.576, the following form must be completed in order to substantiate the need for leave.

Section I (to be completed by the employee): Employee Name:	
ID #:	Patient name and
relationship (if patient other than employee):	_ Employee
Signature:Date:	
Section II (must be completed by the attending physician): 1. a. Describe the serious illness or accident	dent which supports
the need for leave. If your patient experienced an accident, describe the medical conditions that resulted from that a	
	h What is
the date the serious illness commenced or the accident occurred?	o. what is
	Y Y YC
2. a. Is your patient's serious illness or medical condition "life threatening" resulting in a substantial risk of death? No please explain b. Does your patient have a serious illness or medical condition requiring a convalescence which you	
consecutive weeks? No. Yes. If yes, please explain	expect to exceed 10
	c. What
is the first date when the employee will need to be absent from work due to a serious illness or accident?	_ d. What is the first
date when the employee will be able to return to work?	
3. Will your patient need follow-up treatment once s/he returns to work? No. Yes. If yes, a. What is the nature of the system of	
treatment? b. How frequently will it be c. When do you expect you	required?
his/her follow-up treatment (date or length of time)?	r patient to complete
instruct forlow up treatment (date of length of time).	

Print name, address and telephone number of physician	Type of practice - field of specialty:
	Signature of physician:
	Date:

PAY-23C 08/06/02

Catastrophic Leave Attachment C

## STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

# NOTIFICATION OF AGENCY'S PAYROLL CENTER (REGARDING A REQUEST TO USE CATASTROPHIC LEAVE)

(Per NRS 284.362)

To be completed by Personnel Representative (PLEASE PRINT OR TYPE):

EMPLOYEE NAME:	
ID #	DUDGET ACCT #
ID #:	BUDGET ACCT #:
TITLE:	CLASS CODE:
GRADE:	HOURLY RATE:
DEPARTMENT:	DIVISION:
PAYROLL CLERK NAME:	PAYROLL CLERK PHONE #:

FIRST APPROVAL	SECOND APPROVAL	THIRD APPROVAL
APPROVAL EFFECTIVE DATE:	APPROVAL EFFECTIVE DATE:	APPROVAL EFFECTIVE DATE:
NUMBER OF HOURS APPROVED:	NUMBER OF HOURS APPROVED:	NUMBER OF HOURS APPROVED:
TRANSFER HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.	TRANSFER HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.	TRANSFER HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.
HOURS CONTINGENT UPON DONATIONS.	HOURS CONTINGENT UPON DONATIONS.	HOURS CONTINGENT UPON DONATIONS.

Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any 1-calendar year.

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APPOINTING AUTHORITY:

Signature and Title of Appointing Authority or Designee

Date

Distribution: Personnel Representative

Agency Payroll Clerk

Employee

PAY-23A Rev. 08/06/02

Catastrophic Leave Attachment D

## STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES

## CATASTROPHIC LEAVE REQUEST COPE REVIEW CHECKLIST

Employee's Name:			Division:
ID #:			Continuous Service Date:
Reason for Request:		-	
Date of Onset of Condition:		-	Request Received:
History of Condition:		-	
Dates of Current Incapacity:		-	
Current FMLA Dates:		to	Prior FMLA Usage in past 12 months:
	hours.	<u>.</u>	
Current Balances:			
Annual Leave Sick Leave		Comp. Time	Date Paid Leave Exhausted
Leave Balances When Condition Commence	d:		
	Annual L	eave	Sick Leave
Other Sources of Income: (Worker's comper	nsation benef	its, eligible for	r LTD insurance, etc.):
Prior Catastrophic Leave Usage (Dates/Hours):		Reason:	
Division Administrator's Designation: hours contingent upon suffici hours from DHR General Fu		s	
Administrator's Signature/Date			
COPE Recommendation (to be completed by	division per	sonnel represe	ntative):

Policy and Procedure # NN-HR  Approval Denial  PERS 3 (11/02)				age 15 of 20
	STATE OF I DEPARTMENT OF HU		CES	
Formal Approximation Pursuant to NRS 284.362 to 284.36 authority, may appeal the decision days after the date of the appointing	by filing a written notice of	grieved by a deci	sion of an appoir	
Name of Appellant:	ID #:			_
MailingAddress:	City:	State:	Zip:	_
Home Phone:	Work Phone	<b>:</b>		_
Class Title:	Department:	Division:_		_
Date Catastrophic Leave requested	l: Date Catasti	rophic Leave den	ied:	_
Describe how you have been <i>aggree</i> Please be specific.	ieved by the appointing auth	nority's decision (	(NRS 284.3629).	

Please attach a copy of the denied Request to Receive Catastrophic Leave Donations form (PAY-23) and Physician's Certification for Catastrophic Leave Request form (PAY-23C), and any other pertinent documentation to this form and submit to:

Committee on Catastrophic Leave Nevada State Department of Personnel 209 East Musser Street, Room 101 Carson City, Nevada 89701

PAY-23B Rev. 08/06/02

# NOTICE OF INTENT TO DONATE LEAVE

DateEmployee			Employee ID#			
	Division Job Title			Class		
I hereby declare my int	ent to donate leave to a cat	astrophic leave	e account as follows:			
	gency's general catastrophi					
hours to the ca	tastrophic leave account for	or use by	Recipient's Name		Recipient's Agency	
Leave is to be deducted	from my account as follow	ws:	receptent s i teme		receiptent s rigency	
•	leave	ake this electio	n and that I will not by t	his authorizat	ion exceed the 120-hour	
Donor's Signature	Date		Appointing Authority		Date	
Autho	ient's Appointing	*****	********	******	******	
	R	REQUEST TO	TRANSFER LEAVE			
Pursuant to the above r	notice from		, it is r	equested that	hours of leave be	
transferred to the catasi	trophic leave account for:					
Date	Employee		Employee ID	)#		
	Division					
Code	Job Title	Grade	Hrly Rate_		<del></del>	
The leave is to be trans	ferred as follows:					
hours of sick hours of speci	al leave leave					
Donor's Signature		Date	Appointing Authority		Date	
Distribution: Donor's App	pointing Authority Recipient'	's Appointing Au	thority			

#### NOTICE OF RETURN OF EXCESS DONATED LEAVE

Pursuant to NRS 284.3621, catastrophic leave approved for	hours of leave donated by _		were in excess of the amount of d to the donor's account as follows:	
	•		hours of special sick leave	
Donor's Signature		Appointing Authority	Date	
Distribution: Donor's Appointing A NPD-25 1/20/04 (Rev. 10/07)	Authority Recipient's Appointing Au	thority		

# INSTRUCTIONS FOR THE COMPLETION OF THE CATASTROPHIC LEAVE FORM

NOTICE OF INTENT TO DONATE LEAVE: This section must be completed by the employee who wishes to donate hours to an account for catastrophic leave for use by a particular employee who has been approved to use them. It may also be used by an employee who wishes to donate leave to his agency's general leave bank. In accordance with NRS 284.3621, an employee may not donate any sick leave hours to a catastrophic leave account if the balance in his sick leave account after the transfer is less than 240 hours. Leave must be donated in increments of 8 hours up to a maximum of 120 hours in any one calendar year.

The employee shall submit the completed form to his appointing authority or designated representative for approval. The donor's appointing authority shall verify the accuracy of the information on the form, verify the employee's leave balances, and certify that the donation does not exceed the 120-hour maximum. Upon verification, the donor's appointing authority shall sign the completed form and if the donation is specifically designated for use by a particular employee, forward a copy of it to the recipient's appointing authority.

REQUEST TO TRANSFER LEAVE: This section must be completed by the recipient's appointing authority or designated representative when leave hours specifically designated for use by a particular employee are needed. The completed request to transfer leave must be submitted to the donor's appointing authority to effect transfer of leave hours from the donor's account to the recipient's account. A copy must also be forwarded to the donor as notification that donated leave hours have been transferred.

In accordance with NAC 284.576, if more than one notice of intent to donate leave is received by the recipient's appointing authority on behalf of the recipient, the notices must be maintained in chronological order and used, one at a time as needed, according to the date in which the notices were received.

NOTICE OF RETURN OF EXCESS DONATED LEAVE: This section must be completed by the recipient's appointing authority to return leave to the donor's account when leave transferred to the recipient's account is in excess of the amount approved for use or needed by the recipient. A copy of the completed form must be forwarded to the donor's appointing authority to effect the return of excess leave to the account from which it originated. A copy must also be forwarded to the donor as notification that leave hours are being returned.

In accordance with NRS 284.3621, leave transferred in excess of the amount approved for use or needed by a particular employee must be returned to the employee's account from which it originated. Any hours of annual or sick leave which are transferred from an employee's account to the account for catastrophic leave and <u>not designated</u> for use by a particular employee <u>may not be</u> returned or restored to the originating employee. NAC 284.576 requires that excess leave which is specifically designated for use by a particular employee be restored to the account of the donor within 30 working days after the last day on which the recipient was eligible to receive catastrophic leave.

Division of Mental Health and Developmental Services Policy #5.013 - Catastrophic Leave Attachment G

# **SAMPLE MEMORANDUM**

# ACKNOWLEDGMENT OF CATASTROPHIC LEAVE DONATION

DATE:
TO: Donor Agency
FROM: Personnel Representative, Agency
SUBJECT: Catastrophic Leave Donation
Thank you for your generous catastrophic leave donation to the account of
The documents have been processed to transferhours of leave from your account into the account of the above-named person.
The above-named person has received more donations than he/she has been approved to use. Donations are processed in the order they are received. Your donation has not been processed. I will hold your donation form pending approval of additional leave for the person named above unless I receive other instruction from you.
The above-named person is no longer in need of catastrophic leave. I am returning hours of leave to your account unless I receive other written instruction from you regarding where you wish to direct your donation.
The above-named person was unable to use your generous donation. No leave will be deducted from your account unless I receive other written instruction from you regarding where you wish to direct your donation.
The above-named person has received more donations than he/she has been approved to use. Donations are processed in the order they are received. The documents have been processed to transfer only a portion of the hours you donatedhours of leave have been transferred out of your account.
If you have any questions, please feel free to contact me at

Catas	etronhi	· Leave	Attachr	nent H

## DEPARTMENT OF HUMAN RESOURCES CATASTROPHIC LEAVE RECONCILIATION

Submit to the DHR Personnel Officer, DHR Director's Office, at the conclusion of the employee's catastrophic leave or at

the end of calendar year, whichever occurs f	irst.			
Date:				
Employee's Name		ID #		
Division	Section	on		
Is employee still on catastrophic leave?	Yes	_No		
Date Catastrophic Leave Ended:				
Total hours of Catastrophic Leave Used T	his Calendar Year	:		
Total hours of Catastrophic Leave Donate	ed:			
Donations Not Processed:				
(Donations received but not deducted from I	Oonor's account or th	ne DHR general fund)		
Donor's Name/General Fund	No. of Hours	Carry Forward to Next Year?	]	
			_	
Tot	tal:		_	
<b>Donations Returned:</b> (Donations deducted from Donor's accordanced from Donor's accordanced form or being returned to the DHF	<u> </u>	tly returned via Notice of Return	n of Excess Donated	
Donor's Name/General Fund		No. of Hours		

Total: _____

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Personnel Representative	Appointing Authority	

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Original: DHR Personnel Officer Copy: Division Agency