



Catastrophic Leave Application

Administered by Employee Benefits Office (EBO)

The Catastrophic Leave Program was designed as a temporary measure to assist employees who are requesting a medical leave of absence from the County. Employees must meet the following program requirements:

- Have worked for the County for six (6) months in a benefit-eligible position.
- Have a non-occupational, FMLA/OFLA qualifying medical condition or have a qualified family member who has been diagnosed with a Family and Medical Leave Act (FMLA) or the Oregon Family Leave Act (OFLA) qualifying medical condition.
- Have 96 hours or less of leave time (vacation, sick, compensatory time, saved or personal holidays) available for use and expect to exhaust all this time as a result of the medical condition.

Catastrophic leave used on an intermittent basis may be available to employees who have been off work full time and are only able to return to work on a part-time basis due to medical limitations. In order to qualify for intermittent catastrophic leave, an employee must meet the above requirements in addition to the following:

- Have been off work for a full work week. A work week is the assigned work schedule of the employee and is listed in SAP as the Work Schedule Rule.
- Have remained in “paid status” during the continuous leave of absence (minimum of a full work week) – catastrophic leave donations may be used to keep employee in “paid status.”
- Begin using intermittent catastrophic leave immediately following the end of the continuous leave of absence.

Employees may be eligible to receive catastrophic leave donations as long as they are not receiving income from another source -- such as worker’s compensation, Social Security disability, PERS disability retirement, or group disability insurance benefits.

The Catastrophic Leave Program runs on the calendar year (January through December). Employees may be eligible to receive up to a maximum of 90 calendar days of catastrophic leave per year if that much time is medically required.

Catastrophic leave start date is based on the date the catastrophic leave application is received by the Employee Benefits Office (EBO). A copy of medical documentation supporting the FMLA/OFLA leave of absence must be provided in order the catastrophic leave request is reviewed. The EBO understands the medical information is personal and private; the medical documentation provided will be used to administer the catastrophic leave program and/or FMLA/OFLA administration.

Using catastrophic leave donations retroactively from the application date may be allowed if: 1) the employee was medically unable to contact the EBO and/or file the necessary forms in a timely manner, or 2) after the conclusion of a worker’s compensation claim/appeal.

For more information about the Catastrophic Leave Program, refer to [Personnel Rule 2-55](#), the [Benefits Office Catastrophic Leave Page](#) <multco.us/benefits/catastrophic-leave>, or contact us at employee.benefits@multco.us or 503-988-3477 or 503-988-7611.

INSTRUCTIONS: Applicant must initial all items below and provide the required information.

[_____] I have (or qualified family member has) an FMLA/OFLA-qualifying medical condition that will require me to be absent from my position or any other position made available to me by Multnomah County.

[_____] I have or expect to exhaust all accrued leave (sick, vacation, personal holidays, saved legal holidays, and compensatory time) as a result of the medical condition. If I have not yet exhausted my accrued leave, I understand catastrophic leave may not be approved until I have 96 hours or less remaining.

[_____] I authorize electronic mail solicitations to County employees for catastrophic leave donations. If employees know me by a name other than what is entered as my SAP employee record, I have provided that information here:

_____.

The first donation solicitation e-mail will be sent to the employee’s department. If employee is eligible for a second solicitation, second e-mail will be sent to all Multnomah County employees. If e-mail solicitation(s) should be sent in another manner, please specify recipients and provide e-mail addresses:

_____.

(If additional space is needed, please use reverse side of this form or attach another page to this application.)

I understand medical documentation must be provided as part of the catastrophic leave application process. I have attached medical documentation or authorize the EBO to contact my HR Department for a copy of the medical documentation.

The medical documentation must state the nature, severity, expected duration of the absence, and the expected frequency of the medical condition. It is estimated the leave of absence will

begin on _____ and end on _____.

I authorize EBO to use or disclose the individual health information I have submitted with this application for the purpose of administering the Catastrophic Leave Program and/or any concurrent FMLA/OFLA leave. I understand I may revoke this authorization in writing to the EBO at any time. I understand this revocation will not apply to information that has already been released as a result of this authorization.

If I have been diagnosed with the medical condition that is resulting in this leave request, I must: 1) file an STD claim if I currently have short-term disability insurance through the County, or 2) file an LTD claim. I understand Catastrophic leave payments will be suspended as of the date I am eligible to begin receiving either STD or LTD benefits. The STD or LTD claim forms will be mailed to you at the appropriate time.

I am not eligible to receive disability income from another source. "Disability income" may include workers' compensation, Social Security disability, PERS disability retirement, or group disability insurance benefits.

I understand that if I receive "disability income" while I am using catastrophic leave donations, I must repay the County the net payments received from the Catastrophic Leave Program for the dates covered by the other disability income source(s). Payment to the County must be made within 14 days of receiving the other disability income or I will be deemed to have given my permission to have the amounts due withheld from my future wages.

I will contact immediately the EBO (503-988-7611) and Payroll (503-988-3309) upon my return to work. At that time, any remaining catastrophic leave donations will be divided and deposited equally between my sick and vacation leave accounts.

I have had the opportunity to review a copy of Personnel Rule 2-55, which governs catastrophic leave, and to ask questions if I do not understand the Catastrophic Leave Program rules.

I agree to comply with the terms of the Catastrophic Leave Program.

The starting date for using catastrophic leave donations, if application is approved, is based on the date your application is received by the Employee Benefits Office. If you are requesting approval of your application, with a catastrophic leave start date prior to the date your application is submitted, YOU MUST 1) NOTE ON THE APPLICATION FORM YOU ARE REQUESTING RETROACTIVE APPROVAL, AND 2) INCLUDE DOCUMENTATION TO SUPPORT YOU WERE MEDICAL INCAPACITATED AND UNABLE TO SUBMIT YOUR APPLICATION EARLIER – or – DOCUMENTATION TO SUPPORT YOUR WORKER'S COMPENSATION CLAIM/APPEAL. You may record this information on the back of this application, or contact the Employee Benefits Office (503-988-3477) for assistance.

Employee Information:

Name (Print): _____

Signature: _____

Date: _____ Personnel # (located on paycheck stub/deposit advice in top, center box): _____

Dept: _____ Work Unit: _____

Provide Names for the Following Employees:

Supervisor (Print): _____

Timekeeper (Print): _____

Upon completion, send Catastrophic Leave Application to:
Mail: 501 SE Hawthorne Blvd, Ste 400 ATT: Benefits, Portland OR 97214
Interoffice mail: 503/4/Benefits
Fax: 503-988-6257 or Email to employee.benefits@multco.us.