TRIO Wolf Creek Distance Learning Charter School #4095

452 CATASTROPHIC MEDICAL LEAVE SHARING BANK

I. GENERAL STATEMENT OF POLICY

TRIO Wolf Creek Distance Learning Charter School #4095 ("School") recognizes that occasions arise when employees may have exhausted their annual paid leave, extended sick leave, and compensatory time, due to a non-work related injury or prolonged illness that has not yet qualified for long-term disability insurance benefits. It is the intent of this policy to provide an opportunity for School employees to voluntarily donate paid time off ("PTO") hours to an emergency medical leave bank for use by other School employees who demonstrate a catastrophic medical emergency. The program is voluntary in nature and does not guarantee any resulting benefit to any employee in need nor does it require participation of any employee. This policy applies to employees of bargaining units upon agreement of their exclusive representative.

II. ELIGIBILITY

All non-probationary School employees who are eligible for PTO, including such members of collective bargaining units whose exclusive representatives have agreed to this policy, are eligible to participate in this Catastrophic Medical Leave Sharing Bank ("CMLSB"). Donation to the CMLSB is entirely voluntary.

III. DEFINITIONS

A. "Catastrophic Medical Emergency" is a major life-threatening disease or illness or non-work-related major injury involving a prolonged absence from work.

Examples may include: heart attack, stroke, organ transplant, cancer, or major non-work-related injury.

The medical emergency must result in the incapacitation of the employee, spouse, or child/stepchild for a minimum of 80 consecutive work hours (subsequent intermittent absences involving the same illness or condition shall also qualify) which requires the employee to take time off from work and creates a financial hardship because all of the employee's paid leave has been exhausted.

"Catastrophic medical emergency" is specifically not defined as all "serious health conditions" as defined under the FMLA. The terms "catastrophic medical emergency" and "serious health condition" are not interchangeable.

B. "Verification of catastrophic illness or injury" shall consist of a physician's statement verifying that:

1. The employee is suffering from a major life-threatening disease, illness, or non-work-related major injury requiring a prolonged absence from work; or

2. The employee must be present to care for the employee's spouse, child, or stepchild who is suffering from a major life-threatening disease or illness or a major injury; and

3. A brief description of the nature of the illness or injury, including the anticipated duration of the incapacity.

4. A verification of catastrophic illness or injury is a separate and additional document from an FMLA certification of health care provider. These documents are not interchangeable.

C. A "Donor" is an employee who donates sick leave to CMLSB.

D. An "Applicant" or a "Recipient" is a non-probationary School employee who has applied for or received leave from the CMLSB.

E. "Committee", as referenced in this policy, shall consist of the Director, the Dean of Students, and the Q-Comp team.

IV. CATASTROPHIC MEDICAL LEAVE SHARING BANK BENEFITS AND LIMITATIONS

A. The applicant must have exhausted all of the applicant's own accrued paid time off, vacation, sick leave, compensatory time, and any other form of paid leave available to that applicant, before receiving any Catastrophic Medical Leave ("CML").

B. The applicant may apply for CML while still in paid status, but no sooner than 80 hours before the exhaustion of all applicant's paid leave or CML.

C. An applicant may be eligible to receive up to a maximum of 160 hours of CML per request, which shall be placed in the recipient's sick leave bank as needed per pay period in increments of no more than 80 hours at a time. Additional requests for CML may be submitted upon the anticipated exhaustion of the initial hours and medical verification of the continued need, but the total CML granted to one recipient in relation to one medical emergency shall not exceed 480 hours.

D. Recipients of CML must use the leave only for the catastrophic medical emergency for which they requested CML.

E. An applicant shall be required to apply for FMLA leave in conjunction with any application for CML. CML time will run concurrently with any applicable FMLA leave.

F. When using CML, a recipient shall be deemed to be in a "paid" status for the purpose of receiving benefits. When a paid period includes a holiday, a recipient using CML shall receive holiday pay, provided that they are in a paid status for both the last regular shift prior to and the first regular shift following the holiday.

G. A recipient's CML pay will continue to be taxed in accordance with state and federal law, and all authorized deductions will continue to be deducted from the participant's paycheck, provided sufficient wages are available.

H. All time donated to the pool shall be converted to a dollar amount based upon the donor's hourly rate of pay. All CML shall be used at the recipient's rate of pay.

I. CML may not be used for illness or disability which qualifies the participant for Worker's Compensation, short term disability, long term disability, PERA disability, or Social Security benefits.

J. An applicant shall be required to apply for long-term disability and PERA disability, as applicable, for the employee's own medical condition which results in the employee's absence from work for more than 60 days, whether before or after the employee has exhausted his or her own paid leave. The applicant shall provide verification of such application.

K. Leave donated to the CMLSB shall remain in the CMLSB from year to year and shall be available to eligible employees.

V. APPLICATION PROCESS

A. Applicants shall be required to complete a form setting forth their request for CML, the reason, number of hours requested, and the anticipated duration of the medical emergency. A new request form shall accompany any subsequent request. The CML Request form will be turned into the Director prior to the start of the leave, if possible. Request will be reviewed by the Committee.

B. The applicant shall sign a waiver of liability in connection with the CML request and any subsequent request. The applicant shall provide a verification of catastrophic illness or injury with the request form or within ten (10) calendar days of the request. In the event that the verification is not submitted in a timely manner, the CML request may be considered by the Committee but no leave will be disbursed to the applicant until the verification is received and reviewed by the Committee.

C. Applicants who are denied CML or whose withdrawal is not renewed or is terminated may, within fifteen (15) calendar days of denial, appeal the denial, non-renewal, or termination by providing new or additional information to the Committee and completing a supplemental application and waiver. The final decision will be reported to the applicant, in writing, within ten (10) working days of the decision. This decision of the Committee is final. Such final authority is not subject to the grievance procedure or litigation and the applicant shall specifically waive any rights to review by any of these options.

D. All request for CML, verifications of catastrophic illness or injury, and other documentation related to an applicant's medical condition or that of the applicant's family member shall be kept confidential and shall only be disclosed as necessary to administer request for withdrawal.

E. If the CMLSB does not have sufficient hours to fund a withdrawal request, the School is under no obligation to pay the applicant any funds. If a withdrawal request is denied in whole or in part because of insufficient dollars to fund the request, the applicant shall be notified in writing of the reason for the denial.

VI. DONATION PROCESS

TRIO Wolf Creek Distance Learning Charter School #4095

A. An employee who is eligible for paid sick leave may donate PTO hours to the CMLSB once annually, which shall occur with the first pay period in December of each year. In the event that the CMLSB becomes depleted, the Committee may, in its sole discretion, authorize a second open window period for donation to the CMLSB.

B. Donors are required to have a minimum of 80 hours of paid leave available to them after making a donation.

C. Donation to the CMLSB is irrevocable.

CATASTROPHIC MEDICAL LEAVE SHARING BANK
REQUEST FORM

I have read and understand the TRIO Wolf Creek Distance Learning Charter School Catastrophic Medical Leave Sharing Bank Policy #452. Subject to the terms and conditions set forth therein, I hereby voluntarily waive my entitlement to the hours I am donating from my accrued leave. I hereby donate the following hours:

Paid Time Off _____ hours

Total Donated Leave _____ hours

I understand that, upon submission of this Form, the donated hours will be irrevocably deducted from my leave balance and placed in the Catastrophic Medical Leave Sharing Bank ("CLMSB"). I further understand that participation in the CLMSB by either donors or recipients is anonymous.

DONOR'S PRINTED NAME: _____

DONOR'S SIGNATURE: _____

DATE: _____

Return Form to Director

REQUEST TO RECEIVE CATASTROPHIC MEDICAL LEAVE FORM

I, _____, have read and understand the TRIO Wolf Creek Distance Learning Charter School Catastrophic Medical Leave Sharing Bank Policy #452. I have read the terms and conditions set forth therein and understand that this is a voluntary program resulting from the donations of my co-workers. I certify that I am submitting this request due to a current or ongoing catastrophic medical emergency, as that term is defined by policy, and that I will notify the School's Director as soon as the medical emergency ends. I father certify that I will not use any Catastrophic Medical Leave for any purpose other than the medical emergency described in the physician's "verification of catastrophic illness or injury."

Hours Requested

Total accrued paid leave available: _____ hours

Estimated hours of leave required: _____ hours

Total hours requested to be donated: _____ hours

I expressly waive and release any and all claims against TRIO Wolf Creek Distance Learning Charter School Director, its employees, officers, or agents arising out of its Catastrophic Medical Leave Sharing Bank Policy, how the CMLSB is administered, the documentation required, my application for leave under this policy, and any denial or cancellation of leave. This waiver and release specifically includes any claims under the Minnesota Human Rights Act and the Americans with Disabilities Act.

I have been informed in writing that pursuant Minn. Stat. § 363A.31, I may rescind this release within fifteen (15) calendar days of its signing. In order for the rescission to be effective, it must be delivered to the TRIO Wolf Creek Distance Learning Charter School Director, Tracy Quarnstrom, 29678 Karmel Avenue, Chisago City, Minnesota, 55013. If delivered by mail, the rescission must be postmarked within the rescission period, properly addressed to the Director, and sent by certified mail, return receipt requested.

_____ _____

Employee Signature Date

Physician's verification of catastrophic illness or injury included: ____ Yes ____ No

Any verification not included with this form must be provided within ten (10) days of the date this application is submitted.

SUPPLEMENTAL REQUEST TO RECEIVE CATASTROPHIC MEDICAL LEAVE FORM

I, _____, have applied for Catastrophic Medical Leave and my request was denied, not renewed, or terminated. I am therefore making this supplemental request with additional and/or new information and appealing the decision as set forth in the TRIO Wolf Creek Distance Learning Charter School Catastrophic Medical Leave Sharing Bank Policy #452, which I have read and understand. I certify that I am submitting this request due to a current or ongoing catastrophic medical emergency, as that term is defined by policy, and that I will notify the School's Director as soon as the medical emergency ends. I father certify that I will not use any Catastrophic Medical Leave for any purpose other than the medical emergency described in the physician's "verification of catastrophic illness or injury."

Hours Requested

Total accrued paid leave available: _____ hours

Estimated hours of leave required: _____ hours

Total hours requested to be donated: _____ hours

I expressly waive and release any and all claims against TRIO Wolf Creek Distance Learning Charter School Director, its employees, officers, or agents arising out of its Catastrophic Medical Leave Sharing Bank Policy, how the CMLSB is administered, the documentation required, my application for leave under this policy, and any denial or cancellation of leave. This waiver and release specifically includes any claims under the Minnesota Human Rights Act and the Americans with Disabilities Act.

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_____ _____

Employee Signature Date

Physician's verification of catastrophic illness or injury included: ____ Yes ____ No
New/Additional information included since last application: ____ Yes ____ No

Any verification not included with this form must be provided within ten (10) days of the date this application is submitted.

CATASTROPHIC MEDICAL LEAVE SHARING BANK
COMMITTEE DETERMINATION

Employee Name: _____

Date of Request: _____

Employee Eligible for Catastrophic Emergency Medical Leave: ____ Yes ____ No

Hours granted for this request: _____ *(not to exceed 160 per request)*

Maximum CML hours available for this medical emergency following this request: _____
(not to exceed 480, inclusive of the hours granted for this request)

_____ _____
Committee Authorized Signature Date

Return Form to Director