



**OHIO ASSOCIATION OF
SOIL AND WATER CONSERVATION
DISTRICT EMPLOYEES**

"An organization of Soil and Water Professionals"

SWCD APPROVAL FORM OF SICK LEAVE DONATION REQUEST FOR CATASTROPHIC SICK LEAVE DONATION

SECTION A - (To be completed by the Employing District)

Catastrophic Sick Leave Request form for _____ received by District on _____ (date).

- 1) The employee, named above, is on approved, unpaid medical - related leave of absence by their employer, the Board of Supervisors of the _____ SWCD, as of the following date, _____, and has/will have exhausted all other available paid leave as of that date.
- 2) The reason for this request for sick leave donations is listed here: _____

- 3) This leave of absence for the requesting or requested employee is due to a non-occupational serious illness or injury to themselves, or who have a seriously ill or injured spouse, child, or parent.
- 4) Submitted along with this request, is a current satisfactory physician's certification verifying the above reason for the requesting employee, or on their seriously ill or injured spouse, child, or parent.
- 5) The unpaid medical - related leave of absence is expected to last at least thirty (30) consecutive working days. After each 30 day leave of absence, a review will be held by the local board of supervisors to see if the employee is eligible to continue receiving CSLP benefits or if the employee is eligible to re-apply for more benefits.
- 6) This request does not supersede nor replace other disability programs. An employee upon resignation or retirement is no longer eligible for this program. The employee will furnish proof of eligibility upon request.
- 7) The employee requesting the catastrophic sick leave is a full-time employee, or a full-time limited hours employee, who has completed the prescribed probationary period, has used up all accrued paid leave, and has been placed on an approved, unpaid, medical-related leave of absence for a period of at least thirty consecutive working days because of the employee's own serious illness or injury or because of a serious illness or injury of a member of the employee's immediate family.
- 8) If the receiving employee does not use all donated sick leave during the period of the employee's approved leave of absence, the unused balance shall remain in the CSLP fund the committee established according to ORC 940.09 and shall be used to dispense funds in the future to the employing district of another receiving employee.
- 9) If compensation is received from other assistance programs in arrears for the leave of absence period covered by the CSLP fund, the payments made thru the CSLP fund are to be returned to the CSLP fund by the recipient.
- 10) We acknowledge sick leave donations shall not affect the effective date of the qualifying event for the purposes of offering continuation of the requesting employee's health insurance program.
- 11) No leave, sick or annual, or other applicable benefits shall accrue to the employee for any hours paid through donated sick leave.
- 12) The requesting employee has exhausted all their accrued paid leave and the donated sick leave will be used in place of the employee's regularly scheduled hours of work to the extent necessary.

As to the best of our knowledge, the information given us is correct and meets all the requirements to be considered for the CSLP. The board acknowledges and agrees to all the criteria listed above are met.

It is understood that we, the employing Board of Supervisors, at our sole discretion have the right to approve or refuse this request for participation in the OASWCDE Catastrophic Sick Leave Donation Program.

We, the Board of Supervisors for _____ SWCD: _____ Approve the aforementioned CSLP request.
_____ Disapprove the aforementioned CSLP request.

Chairman, Board of Supervisors

Date

SECTION B – Requesting Employee Information (To be completed the employing SWCD)

Requesting Employee Name: _____

Rate of Gross Pay per Hour as of Board Approval Date: \$ _____

RETAIN ORIGINAL APPROVAL FORM WITH SIGNATURES ON FILE AT THE LOCAL SWCD OFFICE. Please send a copy of the approval form along with the request for assistance to:

*Mike Libben, OASWCDE CSLP Coordinator
240 W. Lake St., Unit B Oak Harbor, OH 43449
Phone: (419) 607-4054
mike.libben@ottawaswcd.com*

SECTION C (To be completed the CSLP Coordinator)

Date Request Received: _____

Request Number _____