



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

***“An organization of Soil and Water Professionals”***

**REQUEST FOR CSLP LEAVE DONATION FORM FOR CATASTROPHIC SICK LEAVE PROGRAM**

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**SECTION A – SWCD Employee Request for CSLP Donation (To be completed by requesting employee and local SWCD )**

I, \_\_\_\_\_, hereinafter referred to as the requesting employee, of the \_\_\_\_\_ Soil & Water Conservation District (SWCD), hereby submits a request to participate in the Ohio Association Soil and Water Conservation District Employees Catastrophic Sick Leave Program, hereinafter referred to as CSLP, and hereby acknowledges the following:

- 1) All accrued paid leave will be exhausted as of \_\_\_\_\_, 20\_\_\_\_ for an approved, unpaid medical leave of absence for the requesting employee or their seriously ill or injured spouse, child, or parent. This leave of absence is due to a non-occupational serious illness or injury to the requesting employee or their seriously ill or injured spouse, child, or parent.
- 2) A physician’s certification verifying the reason for this approved, unpaid medical leave of absence has been submitted along with this request.
- 3) Upon resignation or retirement, the requesting employee is longer eligible for this program.
- 4) If all donated leave is not fully used during the period of the approved leave of absence, the unused balance shall remain in the account the CSLP committee established according to ORC 1515.091 and shall be used to dispense funds in the future for a qualifying CSLP request.
- 5) This request does not supersede nor replace other disability / assistance programs. If compensation is received from other disability / assistance programs in arrears for the leave of absence period covered by the CSLP fund, the payments made by the CSLP fund are to be returned to the CSLP fund by the requesting employee or employing district.
- 6) CSLP leave donations shall not affect the effective date of the qualifying event for the purposes of offering continuation of the requesting employee’s employer’s health insurance program.
- 7) No sick leave, vacation leave, or other applicable benefits shall accrue to the requesting employee for any hours paid through donated sick leave.
- 8) CSLP donated leave will be used in place of regularly scheduled hours of work to the extent necessary.

As to the best of my knowledge, the information given is correct and meets all the requirements to be considered for the CSLP. I understand, the local SWCD Board of Supervisors, at their sole discretion, have the right to approve or refuse this request for participation in the CSLP.

\_\_\_\_\_  
Requesting Employee Signature

\_\_\_\_\_  
Date

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**SECTION B – SWCD Approval of Donation Request (To be completed the employing SWCD)**

We, the SWCD Board of Supervisors for the requesting employee, acknowledge the following:

- 1) The requesting employee 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 leave of absence for a period of at least thirty consecutive working days because of their own serious illness or injury or because of a serious illness or injury of a member of the employee’s immediate family in order to submit a leave request for the CSLP.
- 2) The approved, unpaid medical 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 SWCD board of supervisors to determine if the requesting employee is eligible to continue receiving CSLP Benefits or eligible to re-apply for additional benefits.
- 3) If all donated leave is not fully used during the period of the approved leave of absence, the unused balance shall remain in the account the CSLP committee established according to ORC 1515.091 and shall be used to dispense funds in the future for a qualifying CSLP request.



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- 4) This request does not supersede nor replace other disability / assistance programs. If compensation is received from other disability / assistance programs in arrears for the leave of absence period covered by the CSLP fund, the payments made by the CSLP fund are to be returned to the CSLP fund by the requesting employee or employing district.
- 5) CSLP leave donations shall not affect the effective date of the qualifying event for the purposes of offering continuation of the requesting employee's employer's health insurance program.
- 6) No sick leave, vacation leave, or other applicable benefits shall accrue to the requesting employee for any hours paid through donated sick leave.
- 7) CSLP donated leave will be used in place of regularly scheduled hours of work to the extent necessary.
- 8) CSLP Donation Request information:

Requesting Employee Name: \_\_\_\_\_

Current Rate of Pay per Hour as of Board Approval Date: \$\_\_\_\_\_

Total Leave Donation Requested: \_\_\_\_\_ hours required multiplied by current rate = \$\_\_\_\_\_

We, the Board of Supervisors for \_\_\_\_\_ SWCD, to the best of our knowledge attest the information provided is correct and meets the requirements to be considered for the CSLP and do hereby approve the aforementioned CSLP donation request.

\_\_\_\_\_  
Chairman, Board of Supervisors

\_\_\_\_\_  
Date

**SECTION C – CSLP Request Information (To be completed the CSLP Coordinator)**

Date Request Received: \_\_\_\_\_

Request Number: \_\_\_\_\_

**RETAIN ORIGINAL REQUEST FOR ASSISTANCE WITH SIGNATURES ON FILE AT THE LOCAL SWCD OFFICE.**

Please send a **COPY** of the request for assistance to:

Tia Rice  
OASWCDE CSLP Coordinator  
3140 South SR 100, Suite D; Tiffin, Ohio 44883  
Phone: (419) 447-7073 Fax: (419) 447-0430  
Email: trice@senecaswcd.com