

# YOUTH SERVICES POLICY

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| <b>Title:</b> Crisis Leave Program   | <b>Type:</b> A. Administrative<br><b>Sub Type:</b> 2. Personnel<br><b>Number:</b> A.2.58 |
| <b>Page 1 of 7</b>   |  |
| <b>References:</b><br>Civil Service Rules 11.5 (a) and 11:34, Act 1008 of the 1992 Regular Session and Senate Concurrent Resolution No. 54 of the 1997 Regular Session; YS Policy Nos. A.2.5 "Family and Medical Leave of Absence", A.2.28 "Return to Work", A.2.45 "Performance Evaluation System (PES) and Performance Adjustments, and A.2.49 "Worker's Compensation" |  |
| <b>STATUS: Approved</b>  |  |
| <b>Approved By:</b> <i>James Bueche, Ph.D., Deputy Secretary</i>   | <b>Date of Approval:</b> 02/07/18  |

**I. AUTHORITY:**

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

**II. PURPOSE:**

To establish a Crisis Leave Program that creates a pool of shared annual leave that may be used by eligible employees who cannot work due to the employee's own personal injury or illness, or personal injury or illness to an eligible family member. The intent of the program is to assist employees who, through no fault of their own, have insufficient paid leave to cover the absence needed for the crisis situation. An employee using leave under this policy shall receive leave in sufficient quantity to ensure wage replacement is 75% of the pay the employee would have received in a regularly scheduled workweek.

**III. APPLICABILITY:**

All permanent classified employees and full-time employees of YS serving in a leave earning, benefits eligible appointment.

Each Unit Head is responsible for ensuring that written unit procedures are in place to comply with the provisions of this policy.

**IV. DEFINITIONS:**

***Crisis Leave Committee*** - A four member committee comprised of the following:

1. Unit Head/designee (of the requestor's unit);
2. Undersecretary/designee;
3. Appropriate Regional Director; and
4. Human Resources Director of Public Safety Services/designee.

***Crisis Leave Pool Policy Year*** - Calendar year, January 1st through December 31st.

***Eligible Employee*** - A full-time employee of YS who is serving in a leave earning, benefits eligible appointment, or classified employees who have attained permanent status will be allowed to donate or use crisis leave.

***Eligible Family Member*** - An individual living in the same household who is related to the employee by kinship, adoption, marriage, or a foster child so certified by the La. Office of Community Services and is totally dependent upon the employee for personal care or services on a continuing basis.

***Health Care Provider*** - A practitioner who is practicing within the scope of his license. This includes, but is not limited to, licensed physicians, chiropractors, counselors or therapists.

***Injury or Illness*** – A catastrophic illness or serious injury that may be considered to be an acute or prolonged illness, usually considered to be life threatening or with the threat of serious residual disability. Treatment may be radical and is frequently costly.

The condition or combination of conditions must affect the physical or mental health of the employee, and may require the services of a licensed health care provider for a prolonged period of time. The illness or injury must prevent the employee from performing his duties for a period of more than ten (10) consecutive days, and forces the employee to exhaust all appropriate leave balances.

***YS Office of Management and Finance (OMF)*** – An office within Youth Services that oversees the administrative and operational functions of the agency.

***Public Safety Services – Office of Management and Finance (PSS/OMF)*** – A unit within Public Safety Services that oversees the administrative and operational functions of the agency.

**V. POLICY:**

It is the Deputy Secretary's policy to ensure uniform application of the Crisis Leave Program.

**VI. ELIGIBILITY REQUIREMENTS:**

- A. An eligible employee may apply to receive crisis leave (leave recipient) if the following requirements are met:
  - 1. The employee or eligible family member suffers from an illness or injury as described in Section IV.; and

2. The employee has exhausted all appropriate leave (annual, sick and compensatory).
- B. An employee is not required to contribute to the Crisis Leave Pool to be eligible to receive crisis leave. Upon approval, the Crisis Leave Committee shall determine the amount of crisis leave granted for each personal emergency, not to exceed 240 hours per employee per calendar year. The amount of leave granted to an employee will generally reflect the recommendations of the health care provider.

**VII. DONATION PROCEDURES:**

- A. An eligible employee donating to the pool (leave donor) may not designate a particular employee to receive donated time. Donations are accumulated in the pool (agency-wide) and awarded on a first-come, first-serve basis to eligible employees. Donations are limited to the following terms:
1. An eligible employee may donate a minimum of four (4) hours of annual leave at any given time. Donations must be made in whole hour increments.
  2. The donor must have a balance of at least 120 hours of annual leave remaining after the contribution.
  3. Donations are limited to 240 hours of annual leave per leave donor, per calendar year.
  4. The leave donor must complete the "Donor Application Form" [see Attachment A.2.58 (c)].
  5. Donations are not automatic. If the employee chooses to make donations in consecutive calendar years, a "Donor Application Form" must be resubmitted each calendar year.
  6. The donor form shall be forwarded to the Undersecretary/designee at Central Office.
  7. Donations shall be deducted from the donor's leave balance and credited to the Crisis Leave Pool the first pay period following receipt of the approved "Donor Application Form".
  8. Unused crisis leave is rolled forward to the next calendar year.

**VIII. REQUEST PROCEDURES:**

- A. An employee may request leave from the Crisis Leave Pool by the submission of a completed "Crisis Leave Request Form and Medical Certification" [see Attachment A.2.58 (a)]. In the event the employee is incapacitated and not capable of requesting leave, the Unit Head shall contact the Public Safety Services (PSS) Human Resources (HR) Liaison on behalf of the employee to request crisis leave approval.

- B. The employee requesting crisis leave must provide all requested information necessary to make a final determination of eligibility. The Unit Head shall forward the “Crisis Leave Request Form and Medical Certification”, and any accompanying documentation to the PSS/HR Liaison, who will review the request and complete the information required in the determination form. The PSS/HR Crisis Leave Liaison will forward completed documentation to the YS Undersecretary.
- C. Each request shall be date stamped upon receipt by the Undersecretary/designee and handled on a first-come, first-serve basis. Although the employee will not be eligible until all leave balances have been exhausted, the required paperwork should be submitted in advance. If the employee is in leave without pay (LWOP) status prior to receiving approval, paid leave under this program shall be retroactive to the first date the employee was placed on LWOP status.
- D. Any approved crisis leave is used and documented in accordance with the same procedures as regular paid leave taken by the employee.
- E. The Undersecretary/designee shall notify the employee in writing of the decision, via a completed copy of the “YS Crisis Leave Pool Committee Determination Form” [see Attachment A.2.58 (b)].
- F. Upon approval of a Crisis Leave Request, the “Crisis Leave Request Form, Medical Certification”, any accompanying documentation, and the “YS Crisis Leave Pool Committee Determination Form” shall be forwarded to the appropriate PSS/OMF Human Resources liaison through the dedicated OJJ HR email box, [OJJ-HRdocuments@LA.GOV](mailto:OJJ-HRdocuments@LA.GOV).
- G. A maximum of 240 hours may be requested by an employee during one (1) calendar year.

**IX. CHANGES IN STATUS AFFECTING CRISIS LEAVE:**

- A. The granting of crisis leave is meant to cover only the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or of any other factor on which the approval was based, the employee must provide documentation to the Undersecretary/designee describing the change. The employee, immediate supervisor and the primary timekeeper shall be notified accordingly.
- B. Hours granted from the Crisis Leave Pool may be used only for reasons stipulated in the approved “Crisis Leave Request Form and Medical Certification”. The use of crisis leave that is not in accordance with procedures and requirements outlined in this policy may constitute payroll fraud and shall be dealt with accordingly.

- C. Employees who are able to return to work before using all of their granted crisis leave must return the unused leave to the Crisis Leave Pool. The supervisor shall notify the payroll timekeeper and Unit's Human Resources liaison via e-mail within the same pay period that the employee returns to work.
- D. If the employee has been absent from work for thirty (30) days or more due to injury or illness, an up-to-date Essential Functions Form and a medical certification form may be required. The employee shall contact their assigned unit's Human Resource Liaison to advise that they are ready to return to work pursuant to YS Policy No. A.2.28.

**X. COMPENSATION AND BENEFITS:**

- A. Crisis leave shall be awarded hour-for-hour, regardless of the leave donor or leave recipient's rate of pay.
- B. An employee in crisis leave status shall be considered in partial paid leave status and shall continue to receive health and retirement benefits as appropriate; however, employees are prohibited from earning annual and sick leave while on crisis leave.
- C. The value of the annual leave granted as crisis leave may not exceed 75% of the employee's pay received in a regularly scheduled workweek.

**XI. CRISIS LEAVE COMMITTEE CONSIDERATION:**

- A. Approval of a Crisis Leave Request is discretionary; denial may be based on any reason which is consistently applied, and that is not illegal or unconstitutional. The decision to approve or deny crisis leave by the Crisis Leave Pool Committee is final and not subject to appeal, except if the employee alleges that they have been adversely affected by the denial or any provision of state statutes, Civil Service Rules, or has been discriminated against because of religious or political beliefs, sex or race.
- B. The following factors, at a minimum, shall be considered by the Crisis Leave Pool Committee when denying a request:
  - 1. Insufficient leave balance available in pool;
  - 2. Record of excessive non FMLA sick leave usage by employee;
  - 3. Insufficient medical documentation;
  - 4. Unsuccessful Performance Evaluation (Refer to YS Policy No. A.2.45);
  - 5. Amount of leave previously received from the Crisis Leave Pool; and
  - 6. Disciplinary action imposed on the requesting employee.

**XII. CONFIDENTIALITY:**

In the interest of preserving the privacy of leave donors and leave recipients, employees with access to information related to an individual leave transfer shall not disclose such information to anyone except those individuals who have a need to know purpose for administering the program, or to individuals who have the express written permission of the donor or recipient to release specific information.

**XIII. FAMILY AND MEDICAL LEAVE:**

Employee participation in the Crisis Leave Program does not extend or substitute, but rather runs concurrently with an approved leave of absence for situations covered under FMLA. (Refer to YS Policy No. A.2.5)

**XIV. WORKERS COMPENSATION:**

Employees using leave from the Crisis Leave Pool shall be eligible for reimbursement of no more than 75% of their regularly scheduled workweek pay. Employees who are receiving a Worker's Compensation salary reimbursement shall be eligible to receive leave from the Crisis Leave Pool only in the quantity necessary to make up the difference between the Workers Compensation wage replacement and the 75% wage replacement allowed under this policy. (Refer to YS Policy No. A.2.49)

**XV. SOLICITATION OF ANNUAL LEAVE HOURS:**

In the event there is a need to solicit donations to the crisis leave pool, the Undersecretary/designee may use email, internet or other methods approved by the Deputy Secretary. Contributions to the Crisis Leave Pool are strictly voluntary and no employee shall be coerced or pressured to donate leave.

**XVI. RECORDS AND REPORTING:**

- A. The Undersecretary/designee shall be responsible for retaining the original documentation in a file that is not accessible by the public.
- B. Copies of all documentation should be maintained by the unit's Human Resources liaison in the employee's confidential medical file.
- C. PSS/OMF shall provide a fiscal year report to the Undersecretary on all Crisis Leave Pool transactions. Reports shall include the following:
  - 1. Number of hours donated by unit;
  - 2. Number of hours requested by unit;
  - 3. Number of hours granted by the Crisis Leave Committee by unit;
  - 4. Fiscal year beginning leave balance; and
  - 5. Fiscal year ending leave balance.

**YS Policy No. A.2.58**  
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**Previous Regulation/Policy Number:** A.2.58

**Previous Effective Date:** 02/04/2015

**Attachments/References:** A.2.58 (a) Crisis Leave Request Form and Medical Certification.doc  
A.2.58 (b) Determination Form 0914.doc  
A.2.58 (c) Donor Application Form Feb2015.doc



**CRISIS LEAVE REQUEST FORM**  
**MEDICAL CERTIFICATION**

|  |                                     |
|--|-------------------------------------|
| <b>To be completed by employee:</b>  |                                     |
| Employee's Name:   | Personnel No.                       |
| Unit:  | Job Title:                          |
| Telephone Number: (    )   | Requested Number of Hours of Leave: |
| Requested Start Date of Leave:   | Expected Date of Return to Work:    |
| Reason for Request:  |                                     |
| Requested leave is to care for eligible family member: <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                                     |
| Name of Eligible Family Member:  |                                     |
| Relationship:  |                                     |
| NOTE: Additional information/documentation may be required by Crisis Leave Pool Manager/Committee in order to establish eligibility. |                                     |
| Employee's Signature:  | Date:                               |
| <b>To be completed by Supervisor:</b>  |                                     |
| Supervisor's Signature:  | Date:                               |
| Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – Reason:                                     |                                     |
| <b>To be completed by health care provider:</b>  |                                     |
| Is this Condition:                      _____ Temporary                      _____ Permanent   |                                     |
| Date the Condition Began:  | Anticipated Return to Work Date:    |
| Description of Illness or Injury:  |                                     |
| Prognosis of Recovery:   |                                     |
| Health Care Provider's Address and Telephone Number:   |                                     |
| Health Care Provider's Signature:  | Date:                               |

**Submit Completed Form To:**

Leave Pool Manager, Office of Juvenile Justice, Human Resources Section  
P.O. Box 66458 , Baton Rouge, Louisiana 70896



Youth Services Crisis Leave Pool Committee  
DETERMINATION FORM

The Undersecretary has determined that this employee is eligible to receive crisis leave.

Employee Name: \_\_\_\_\_ Personnel No: \_\_\_\_\_

Unit: \_\_\_\_\_ (Classified) Permanent Status Date: \_\_\_\_\_ (Unclassified) Start Date: \_\_\_\_\_

Determination Factors [referenced from YS Policy No. A.2.58 (a)\*\*]:

The following factors at a minimum should be considered by the Crisis Leave Pool Committee to make a determination:

- As of this date, \_\_\_\_\_, there are \_\_\_\_\_ hours available in the Crisis Leave Pool.
- Record of leave usage by employee:  
\_\_\_\_\_ Annual (used in the last 12 months) \_\_\_\_\_ Sick (used in the last 12 months, including LALB)
- Medical documentation with sufficient information provided on form [(see Attached a.2.58 (a))]
- Last two Performance Evaluation Ratings:  
\_\_\_\_\_ Rating \_\_\_\_\_ Merit received  
\_\_\_\_\_ Rating \_\_\_\_\_ Merit received
- Amount of leave previously received from the Crisis Leave Pool this Calendar Year \_\_\_\_\_ Amount of Leave Received
- Disciplinary action history \_\_\_\_\_
- Supervisor recommendation (attached)
- Number of hours requested by employee \_\_\_\_\_
- Currently on FMLA leave \_\_\_\_\_ Exhausted FMLA leave \_\_\_\_\_ LWOP Date \_\_\_\_\_

Committee Member Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  Approved  Disapproved  
Committee Member, printed

\_\_\_\_\_ Date

\*\* Approval of a Crisis Leave Request is discretionary; denial may be based on any reason which is consistently applied, and that is not illegal or unconstitutional. The decision to approve or deny crisis leave by the Crisis Leave Pool Committee is final and not subject to appeal, except if the employee alleges that they have been adversely affected by the denial, or any provision of state statutes, Civil Service Rules, or has been discriminated against because of religious or political beliefs, sex or race.

| <b>Youth Services<br/>Crisis Leave Pool<br/>DONOR APPLICATION FORM</b>  |                    |                                 |
|---|--------------------|---------------------------------|
| <b>Employee Name:</b>   |                    | <b>Personnel No:</b>            |
| <b>Home Phone:</b>  | <b>Work Phone:</b> | <b>Cell Phone:</b>              |
| <b>Unit:</b>  |                    |                                 |
| <b>ANNUAL LEAVE HOURS TO BE DONATED:</b>  |                    |                                 |
| I certify that I cannot donate more than 240 hours per calendar year and that my leave donation does not cause my balance to fall below 120 hours and I understand that I cannot reclaim my donated leave once it has been processed. I also certify that this request is made voluntarily; and I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee. |                    |                                 |
| <b>Employee Signature:</b>  |                    | <b>Date:</b>                    |
| <b>SUBMITTAL INFORMATION</b><br><i>Mail or fax completed form to:</i><br><i>Youth Services</i><br><i>Undersecretary/Leave Pool Manager</i><br><i>P.O. Box 66458, Baton Rouge, LA 70896</i><br><i>FAX: (225) 287-7956</i>  |                    |                                 |
| <b>FOR LEAVE POOL MANAGER USE ONLY</b>  |                    |                                 |
| I certify that the above listed employee has an annual leave balance sufficient to accommodate this donation request.   |                    |                                 |
| Number of Annual Leave Hours Donated:   | Date Deducted:     | Remaining Annual Leave Balance: |
| If disapproved, reason for disapproval:   |                    |                                 |
| Undersecretary Name:  |                    |                                 |
| Undersecretary Signature:   |                    | Date:                           |