



University of California  
San Francisco

Human  
Resources  
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San Francisco, CA 94118-  
3324  
Tel: 415/514-8618  
www.ucsfhealth.org

April 1, 2020

***Via Electronic Mail Delivery***

Union Leadership  
(see attached distribution list)

**Re: Notice – Emergency Voluntary Catastrophic Leave Sharing Program (EVCLSP)**

Dear Union Leaders:

The purpose of this letter is to provide you with information regarding the Emergency Voluntary Catastrophic Leave Sharing Program and to invite bargaining unit members to participate.

The Emergency Voluntary Catastrophic Leave Sharing Program (EVCLSP) is an emergency program for temporary implementation in response to the COVID-19 pandemic. The EVCLSP allows faculty, non-faculty academics and staff employees to donate accrued vacation or PTO credits to a leave bank that can then be utilized by employees who are impacted by COVID-19.

COVID-19 guidelines for this temporary emergency program should be read in conjunction with the Voluntary Catastrophic Leave Sharing Program (VCLSP) Guidelines both of which are attached. The recipient and donor forms are attached as well.

For additional information, UCSF has posted [Novel Coronavirus \(COVID-19\) Resources](https://coronavirus.ucsf.edu/employees) (<https://coronavirus.ucsf.edu/employees>), with links to guidelines and other general information.

Please contact our office if you have any questions or concerns.

Best regards,

Alla Barkan  
Labor and Employee Relations Consultant

Shelley Patton, Director, Labor and Employee Relations  
Kelly Sheridan, Manager, Labor and Employee Relations  
Ayesha Mahmood, Manager, Labor and Employee Relations  
Kathryn Chan, Senior Employee Relations Consultant, Labor and Employee Relations

Proof of Service

Attachments:

UCSF COVID-19 Emergency Voluntary Catastrophic Leave Sharing Program Guidelines  
Voluntary Catastrophic Leave Sharing Program Guidelines  
EVCLSP Authorization to Donate Leave to Staff Impacted by COVID-19 Form  
EVCLSP Request for Leave Donations for Staff Impacted by COVID-19 Form

## PROOF OF SERVICE

I, Seva Cuevas, declare that I am over the age of eighteen years, not a party to this action, and I am employed in the county of San Francisco, State of California. My business address is 3360 Geary Blvd. Suite 301, San Francisco, CA 94118-3324.

On April 1, 2020, I served the attached letter regarding

### Notice - Emergency Voluntary Catastrophic Leave Sharing Program (EVCLSP)

to the parties listed below by the checked applicable method or methods:

- placing a true copy thereof enclosed and delivery by the United States Postal Service following ordinary business practice with postage or other costs prepaid
- electronic mail delivery (e-mail)

Name and Address of the parties served:

**American Federation of State, County and Municipal Employees, Local 3299**

Nicolas Monteiro Lead Organizer, [nmonteiro@afscme3299.org](mailto:nmonteiro@afscme3299.org)  
1360 Ninth Avenue #240 San Francisco, CA 94122

**CIR-SEIU Committee of Interns & Residents**

Alex Bush, [abush@cirseiu.org](mailto:abush@cirseiu.org)  
Seneca Scott ([sscott@cirseiu.org](mailto:sscott@cirseiu.org), CIR/SEIU)  
1050 Marina Village Pkwy, Suite 201  
Alameda, CA 94501

**California Nurses Association**

Ben Elliott, Lead Organizer, [belliott@calnurses.org](mailto:belliott@calnurses.org)  
Vero Stead-Mendez, Rep, [vstead-mendez@calnurses.org](mailto:vstead-mendez@calnurses.org)  
Clare Vandemark - [clarev@ucsfca.org](mailto:clarev@ucsfca.org)  
155 Grand Avenue, 2<sup>nd</sup> Floor  
Oakland CA 94612

**Federated University Police Officers Association**

Darren Miller, President, [darren@fupoa.org](mailto:darren@fupoa.org)  
5753 E. Santa Ana Canyon Road, Suite G448  
Anaheim CA 92807

**San Francisco Building & Construction Trades Council**

Tim Paulson [Tim@sfbuildingtradesCouncil.org](mailto:Tim@sfbuildingtradesCouncil.org)  
1188 Franklin Street, Suite 203  
San Francisco CA 94109

**Teamsters Local 2010**

Mary Higgins, Chief Steward, [mhiggins@teamsters2010.org](mailto:mhiggins@teamsters2010.org)  
400 Roland Way, Suite 2010  
Oakland CA 94621

**UAW Local 5810**

Aviva Fields, [aviva.fields@uaw5810.org](mailto:aviva.fields@uaw5810.org)  
Anke Schennink, President, [Uaw5810@uaw5810.org](mailto:Uaw5810@uaw5810.org)  
2030 Addison Street, Suite 640B  
Berkeley CA 94704

**Union of American Physicians and Dentists**

Tim Jenkins, Rep [tjenkins@uapd.com](mailto:tjenkins@uapd.com)  
180 Grand Avenue, Suite 1380  
Oakland CA 94612

**University Council-American Federation of Teachers, Local 1474**

Emily Rose, [erose@ucaft.org](mailto:erose@ucaft.org)  
Tarone Bittner, Field Representative, [tbittner@ucaft.org](mailto:tbittner@ucaft.org)  
2001 Center Street, Suite 600  
Berkeley CA 94704

**University Professional and Technical Employees, CWA Local 9119**

[upteuc.sf@upte-cwa.org](mailto:upteuc.sf@upte-cwa.org)  
Nino Maida, Chief Steward, [ninoupte7@gmail.com](mailto:ninoupte7@gmail.com)  
1360 Ninth Avenue #201  
San Francisco CA 94122

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 1, 2020, at San Francisco, California.

Seva Cuevas

Name (Printed or Typed)

Seva Cuevas

(Signature)

Digitally signed by Seva Cuevas  
Date: 2020.04.01 17:01:26 -0700'

## UCSF COVID-19 Emergency Voluntary Catastrophic Leave Sharing Program Guidelines

The Emergency Voluntary Catastrophic Leave Sharing Program (EVCLSP) is an emergency program for temporary implementation in response to the COVID-19 pandemic. The EVCLSP allows academic (includes faculty) and staff employees to donate accrued vacation or PTO credits to a leave bank on behalf of employees who are impacted by COVID-19. A temporary leave bank has been implemented to support this effort.

UCSF guidelines for the Voluntary Catastrophic Leave Sharing Program (VCLSP) are applied when determining the methods for receiving, donating, and tracking vacation/PTO credits. COVID-19 guidelines for this temporary emergency program should be read in conjunction with the Voluntary Catastrophic Leave Sharing Program (VCLSP) Guidelines.

**Catastrophic Illness or Injury and Catastrophic Event** definitions have been expanded for this temporary program:

- A. Catastrophic Illness or Injury
  - Employee is unable to work due to own or family member's COVID-19 illness
- B. Catastrophic Event
  - Employee is unable to work or telecommute and has been told not to come to work due to COVID (includes self-isolation)
  - Non-patient care employee is unable to work or telecommute due to shelter in place order
  - Employee is unable to work or telecommute due to school or dependent care closures

### **Eligibility for the Recipient Employee (Employee Receiving Donated Vacation/PTO):**

- Eligible recipients may receive donations from the temporary emergency bank for staff affected by COVID or from the existing VCLSP program
- Absence has been approved by Department Chair/Head
- Lacks sufficient vacation/sick leave/extended sick leave/Compensatory Time Off/PTO and has exhausted their allotment of [Paid Administrative Leave](#) hours to cover his or her absence
- Eligible recipients will be granted up to 16 hours from the temporary emergency bank, if the hours are available. First time requests will receive priority. If the first request is granted, additional request(s) for hours may be made and will be considered after first time requests
- Employee is not receiving disability benefits or Worker's Compensation benefits

\*Note: Receipt of Donated Time may have tax implications, consult your tax advisor for more information

### **Eligibility for the Donor Employee (Employee Donating Vacation/PTO):**

- Eligible donors may elect to donate to a temporary emergency bank for staff affected by COVID or they may donate to a specific person under the existing VCLSP program. The maximum donation an employee can make to these two programs is forty (40) hours in a twelve-month calendar period.
- Donated hours that are not utilized during the emergency COVID-19 situation will be available for other eligible staff who may request hours through the Voluntary Catastrophic Leave Sharing Program
- Only accrued vacation/PTO credits may be donated (donations cannot be made in advance of accrual)
- The minimum donation an employee may make is eight (8). The donation cannot reduce the donating employee's leave balance by more than 50%

## UCSF COVID-19 Emergency Voluntary Catastrophic Leave Sharing Program Guidelines

### Process:

- Donor employees please complete the Emergency Voluntary Catastrophic Leave Sharing Program Request for Authorization to Donate Leave to Staff Impacted by COVID-19 Form and submit the form to your HR Generalist (Campus) or the Leave Management Specialist (Health)
- Recipient employees please review the Emergency Voluntary Catastrophic Leave Sharing Program Request for Leave Donation for Staff Impacted by COVID-19 Form and contact your HR Generalist (Campus) or the Leave Management Specialist (Health) to discuss and initiate your request for leave
- HR Administrators, please refer to the UCSF COVID-19 Emergency Voluntary Catastrophic Leave Sharing Program Administrator's Procedures regarding next steps

Application of the program to exclusively represented employees is subject to union notice procedures.

### To locate your HR Representative:

- Campus Employees: Use '[Find Your HR Representative](#)' tool  
Health Employees: Call 415-353-4545, Option #2 Email: [MCLOA@ucsf.edu](mailto:MCLOA@ucsf.edu)

## Voluntary Catastrophic Leave Sharing Program

### I. Policy

The Catastrophic Leave Sharing Program permits temporary salary and benefits continuation for eligible employees who have exhausted all paid leave when an employee experiences a catastrophic illness or injury; an employee is needed to care for a family or household member who experiences a catastrophic illness or injury; or when an employee experiences a catastrophic event. Eligible UCSF Campus and Health employees, including eligible faculty members and non-faculty academics, may participate in the leave sharing program. Nothing in this program is intended to change current policy and practice regarding vacation leave, sick leave, or Paid Time Off (PTO).

### II. Definitions

#### A. Catastrophic Illness or Injury

A catastrophic illness or injury is defined as a serious debilitating illness, injury, impairment, or physical or mental condition that is present for a minimum of seven calendar days and involves:

1. A period of illness or injury or treatment connected with inpatient care (e.g., an overnight stay) in a hospital, hospice, or residential medical care facility; or
2. A period of illness or injury requiring absence of more than seven calendar days from work, and that also involves continuing treatment by (or under the supervision of) a licensed health care provider; or
3. A period of illness or injury requiring absence of more than seven calendar days from work, and that also involves continuing planned medical treatment by (or under the supervision of) a licensed health care provider; or
4. A period of illness or injury (or planned medical treatment) due to a chronic serious health condition; or
5. A period of illness or injury that is long-term due to a condition for which treatment may be ineffective (e.g., stroke, terminal disease, etc.); or
6. An absence to receive multiple planned medical treatments (including any period of recovery from) either for restorative surgery (after an accident or other injury) or for a chronic condition (e.g., cancer or kidney disease).

#### B. Catastrophic Event

A catastrophic event is defined as follows:

1. The death of a family or household member; or
2. A catastrophic casualty loss suffered due to a terrorist attack, fire, or natural disaster.

#### C. Family or Household Member

The employee's spouse; domestic partner with whom the employee has executed a domestic partnership agreement; children (including children of the employee's domestic partner); parents; siblings; grandparents and grandchildren; step-relatives; in-laws; and relatives by adoption are included in the same basis as the above listed blood relatives and other persons residing in the employee's household for whom there is a personal obligation.

### III. Eligibility

- A. Eligible regular status career employees, non-faculty academics, and faculty members who accrue vacation leave or PTO may donate accrued vacation or PTO hours to eligible recipients.
- B. An eligible recipient is an employee who:

## Voluntary Catastrophic Leave Sharing Program

- has achieved career status and completed a probationary period (regular status), if one was required (not applicable to faculty members and non-faculty academics);
  - has provided appropriate verification of a catastrophic illness or injury or catastrophic event (e.g., medical certification of an employee's illness) to their designated approver in coordination with the applicable HR Representative;
  - has been granted a leave of absence in relation to a catastrophic illness, injury or event;
  - has exhausted all UCSF paid leave accruals (for faculty, this includes accruals provided under the Health Sciences Compensation Plan, as applicable);
  - does not have sufficient leave balances to meet the disability waiting period and/or is not receiving disability benefits;
  - does not have a pending Workers' Compensation claim or is not receiving workers' compensation temporary disability payments; and
  - requests and receives donated leave due to catastrophic illness, injury or event prior to the termination of the leave.
- C. Bargaining unit employees who meet the eligibility requirements listed in *Sections III.A and III.B* may participate in this voluntary catastrophic leave program if participation in a catastrophic leave program is specifically provided for in the provisions of their collective bargaining agreement.
- D. Based on the eligibility requirements, the following groups are ineligible to donate or receive donations under this program:
- Residents/Interns/Clinical Fellows;
  - Postdoctoral Scholars (Employees, Paid Directs, and Fellows);
  - Lecturers;
  - Volunteer Clinical Professors (APM 279)
  - Faculty and non-faculty academics who do not accrue vacation leave; and
  - Limited appointment, contract employees and temporary staff.

### IV. Limitations

- A. The total amount of time an employee may remain off work on donated leave is six (6) continuous or non-continuous months within a twelve (12) month period.
- B. Only accrued vacation or PTO credited hours may be donated (donations cannot be made in advance of accrual).
- C. The minimum donation an employee may make is eight (8) hours and the maximum is forty (40) hours for a continuous leave period due to a catastrophic illness, injury or event.
- D. The maximum donated hours credited to an employee's catastrophic leave account is as follows:
- For eligible regular status career employees and non-faculty academics, the maximum donation credited to a recipient's leave account shall be the amount necessary to ensure continuation of the employee's regular salary during the employee's period of approved catastrophic leave.
  - For eligible faculty members, the maximum donation credited to the recipient's leave account shall be the amount necessary to ensure continuation of the employee's total negotiated salary (X+Y) during the employee's period of approved catastrophic leave.

### V. Transfer of Leave

## Voluntary Catastrophic Leave Sharing Program

- A. For the purpose of simplicity and auditable recordkeeping, accrued vacation or PTO credited hours shall be transferred hour for hour, regardless of differing pay scales.
- B. Donations will be voluntary, confidential, and irrevocable.
- C. An employee needing leave (recipient) will complete a Request for Leave Donations Form and submit it to their designated approver for approval and eligibility verification. The designated approver for regular status career employees is the department manager (or designee). The designated approver for faculty and non-faculty academics is the department chair or Organized Research Unit (ORU) director.
  1. The designated approver will work with Human Resources (UCSF Health Leave Management or campus HR Shared Services, as applicable) to verify that the employee meets the eligibility requirements listed in *Section III, Eligibility*.
  2. If the employee is eligible to receive leave donations, the designated approver determines if the request is approved or denied.
  3. If the request is approved, the designated approver may communicate the need to other staff in a manner agreeable to the recipient employee, e.g., email or word-of-mouth.
- D. Employees who want to make donations will submit an Authorization to Donate Leave Form to their designated approver or Human Resources for verification that the employee meets eligibility requirements listed in *Section III, Eligibility*.
  1. If eligibility is verified, the designated approver will approve the request.
- E. Adjusted vacation or PTO balances will be recorded in the University's time and attendance system for both the donor and recipient employee's department.

### **Forms**

- Request for Leave Donations Form
- Authorization to Donate Leave Form





## EMERGENCY VOLUNTARY CATASTROPHIC LEAVE SHARING PROGRAM Authorization to Donate Leave to Staff Impacted by COVID-19

DONOR EMPLOYEE INFORMATION:	
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):	EMPLOYEE ID #:
PAYROLL TITLE:	DEPARTMENT:
WORK PHONE:	EMAIL ADDRESS:
DEPARTMENT DESIGNATED APPROVER NAME:	DEPARTMENT DESIGNATED APPROVER WORK PHONE:

**I wish to donate my accrued vacation leave or Paid Time Off hours to the Leave Sharing Program COVID-19 Bank for fellow employees affected by COVID-19**

**Number of Vacation / Paid Time Off (PTO) Hours I would like to donate:**

*Please select from the dropdown menu; the minimum donation is eight (8) hours and maximum donation is forty (40) hours.*

**MY SIGNATURE CERTIFIES THAT:**

- I have read and understand the provisions of the [Voluntary Catastrophic Leave Sharing Program \(VCLSP\)](#) and the COVID-19 Emergency VCLSP Guidelines;
- I understand that this donation of leave hours is irrevocable and I have no right under any circumstances to have any of the donated leave hours restored to my accrued leave balance once I have completed, signed, and submitted this form to my department designated approver;
- I understand that if the hours I donate are not utilized during the emergency COVID-19 situation, they will be available for other eligible staff who may request hours through the Voluntary Catastrophic Leave Sharing Program;
- This donation of leave hours is voluntary;
- I have not donated more than forty (40) hours during the preceding twelve-month calendar period;
- My time and attendance record will be adjusted by my department or service unit; and
- I understand that my identity as a donor is to be kept confidential and I will honor that confidentiality.

<b>DONOR EMPLOYEE SIGNATURE:</b>	<b>DATE (MONTH/DAY/YEAR):</b>
<b>DEPARTMENT DESIGNATED APPROVER SIGNATURE:</b>	<b>DATE (MONTH/DAY/YEAR):</b>

**PROCESSING INSTRUCTIONS:**

- **Donor Employee** complete, sign form, and submit to your Department Designated Approver:
  - Regular status career employees – department manager (or designee)
  - Faculty and non-faculty academics – department chair or Organized Research Unit (ORU) director
- **Department Designated Approver** submit the signed request to Human Resources (HR) for eligibility verification:
  - Campus – department HR generalist      ○ UCSF Health – Leave Management
- **HR** will advise the donor employee and department designated approver if the donor meets eligibility criteria.
- If the donor is eligible, HR will provide information to HBS Processing for transfer of donated hours to the eligible recipient employee.

<b>HR Use Only:</b>	
Received by:	Date:
Eligibility Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Donor Employee/Authorized Approver Advised of Status by:	Date:
Processed by HBS:	Date:



**EMERGENCY VOLUNTARY CATASTROPHIC LEAVE SHARING PROGRAM**  
**Request for Leave Donations for Staff Impacted by COVID-19**

REQUESTOR EMPLOYEE INFORMATION (RECIPIENT OF LEAVE DONATIONS):	
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):	EMPLOYEE ID #:
PAYROLL TITLE:	DEPARTMENT:
WORK PHONE:	HOME OR CELL PHONE:
WORK MAILING ADDRESS:	EMAIL ADDRESS:
DEPARTMENT DESIGNATED APPROVER NAME:	DEPARTMENT DESIGNATED APPROVER WORK PHONE:

**MY SIGNATURE CERTIFIES THAT:**

- I have read and understand the provisions of the [Voluntary Catastrophic Leave Sharing Program \(VCLSP\)](#) and the COVID-19 Emergency VCLSP Guidelines;
- I hereby request donated leave in accordance with the provisions of that program;
- A leave of absence in relation to a catastrophic illness, injury, or event has been approved by my department;
- I have exhausted all of my accruals of Sick Leave (SL), Vacation Leave (VL), Compensatory Time Off (CTO) and/or Paid Time Off (PTO) (for faculty, this includes leave accruals provided under the Health Sciences Compensation Plan);
- I have exhausted my allotment of paid administrative leave and;
- I am not receiving disability benefits or Workers' Compensation payments.

REQUESTOR EMPLOYEE SIGNATURE:	DATE (MONTH/DAY/YEAR):
DEPARTMENT DESIGNATED APPROVER SIGNATURE:	DATE (MONTH/DAY/YEAR):

**PROCESSING INSTRUCTIONS:**

- **Requestor Employee:** Complete, sign form, and submit to your Department Designated Approver:
  - Regular status career employees – department manager (or designee)
  - Faculty and non-faculty academics – department chair or Organized Research Unit (ORU) director
- **Department Designated Approver:** Sign and submit request form to Human Resources (HR) for eligibility verification:
  - Campus – department HR generalist      ○ UCSF Health – Leave Management
- **HR** will advise the requestor employee and department designated approver if the requestor meets eligibility criteria.
- If the requestor is eligible, HR will provide information to HBS Processing for transfer of donated hours to the recipient (eligible requestor employee).

**HR Use Only:**

Received by:	Date:
Eligibility Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Donor Employee/Authorized Approver Advised of Status by:	Date:
Processed by HBS:	Date:
NOTES:	