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Human Resources Administration  
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Columbus, Ohio  
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*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

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## **Catastrophic Sick Leave Instructions and Forms**

Please complete the enclosed medical questionnaire and return to the Office of Human Resources Administration, 270 E State St, Columbus, OH 43215, or fax to 614-365-4044 as soon as possible.

Have your physician complete the Physician's Statement. We especially need #7 completed as to whether or not you are able to work, including the date that you are able return to work.

See the dates below for the next Catastrophic Leave committee meeting. ***We need to have all of the information to us by noon of the Wednesday prior to the meeting date.*** Our office number is 614-365-5881 for Certificated/Administrative staff and 614-365-6791 for Classified Staff for assistance with any questions you may have.

**Please note:** Applying for, and receiving donated days does not change the fact that you will need to be boarded for an unpaid Leave of Absence once your sick leave is exhausted. In addition, if applying for catastrophic sick leave, you will still need to complete the Application for Leave form and provide medical documentation. To obtain these forms, please contact Herbert Smith, 365-5881 for assistance for Certificated/Administrative staff and Adrienne Thomas, 365-6791 for Classified staff.

**If you have applied for and are approved for disability retirement, you must notify Human Resources Administration immediately. Catastrophic Sick Leave donation may not be used to delay disability retirement.**

### **Meeting Dates (Mondays):**

August 7, 2017 (Classified only)  
September 5, 2017  
October 2, 2017  
November 6, 2017  
December 4, 2017  
January 8, 2018

### **Meeting Dates (Mondays):**

February 5, 2018  
March 5, 2018  
April 2, 2018  
May 7, 2018  
June 4, 2018  
July 2, 2018 (Classified only)

# COLUMBUS CITY SCHOOLS

## MEDICAL QUESTIONNAIRE *(to be completed by employee)* *(please type or print legibly)*

1. Name		Birthdate	
Hire Date		Employee ID#	
Job classification		Work location	
Home and/or Cell Phone			

2. Home Address

(street) (city) (state) (zip)

If you are or expect to be elsewhere during absence from work, please provide details including address and telephone number.

(street) (city) (state) (zip) (telephone no.)

3. Please explain your catastrophic illness or injury. Give a detailed description. (Use a separate sheet if necessary)

4. On what date did you last work?  20

5. On what date were you first totally disabled by this catastrophic illness/injury?  20

6. On what date were you first treated by a physician for this catastrophic illness/injury?  20

7. Give full name and address of each physician who has treated you during this period of disability:

(name)	(address)	(zip code)	(phone)	(fax no.)

8. Explanation of Previous Sick Leave Usage. (Use separate sheet if necessary)

9. Date accrued leave (sick, personal and vacation, if applicable), was/will be exhausted.

10. Have you applied for or been approved for disability retirement? Yes  No

I authorize any physician, surgeon, or other person who has treated or examined me or whom I have consulted for any purpose, and any hospital, clinic, or institution at which I have been treated, examined, or confined, to divulge and make available to Columbus Public Schools, or their designated representatives, any and all information concerning my catastrophic illness/injury including all psychiatric and psychological information and tests. This authorization shall be valid for one year from the date shown below. A photocopy of this authorization shall be as valid as the original.

Date completed  20  Employee's Signature



## TO BE COMPLETED BY ATTENDING PHYSICIAN

1. Patient's name \_\_\_\_\_ DOB \_\_\_\_\_

2. Please state:

(a) patient's complaints: \_\_\_\_\_

(b) objective findings (including results of x-rays, lab tests, diagnostic studies, B/P etc if relevant)

3. Give all dates of treatments by you during this period of catastrophic illness/injury:

Office: \_\_\_\_\_

Hospital: \_\_\_\_\_

4. If the patient was confined as a registered bed patient in a legally constituted hospital during this period, answer the following:

(a) Name and address of hospital or facility \_\_\_\_\_

(b) Date of admission \_\_\_\_\_

(c) Date of discharge: \_\_\_\_\_

5. If any surgical procedure was performed during this period of catastrophic illness or injury, please complete the following:

(a) Date of Procedure \_\_\_\_\_

(b) Procedure performed: \_\_\_\_\_

6. Based on your personal knowledge and treatment, how long has the patient been totally disabled solely by this catastrophic illness/injury, so as to prevent the patient from working?

From: \_\_\_\_\_ to and including \_\_\_\_\_

7. Has the patient recovered sufficiently to return to work? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) if "yes", give the date the patient was able to return to work \_\_\_\_\_

(b) if "no", when, in your opinion, may work be resumed? (*please do not use the terms "indefinite", "unknown", etc.*) If a definite date cannot be determined, please approximate in days, weeks or months how long total disability will continue from the date of the most recent treatment as indicated above.

8. Is the patient MENTALLY capable of transacting his/her duties with realization of the nature and consequences of such acts? Yes \_\_\_\_\_ No \_\_\_\_\_

Physicians name and title (Please type or print legibly)

\_\_\_\_\_  
Phone \_\_\_\_\_

Specialty Board Certification \_\_\_\_\_

Office Address \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **701.07 Catastrophic Illness/Injury Sick Leave Donation Procedure (Certificated Staff)**

A member of the bargaining unit who has exhausted all accumulated paid leave as a result of a catastrophic illness or injury of a temporary nature may be granted additional sick leave days through the donation of accumulated unused sick leave by other bargaining unit members who volunteer to do so in accordance with the following guidelines:

**A.** For purposes of this procedure, the term “catastrophic illness or injury” shall include only those illnesses or injuries which are calamitous in nature, constituting a great misfortune. Examples of a catastrophic diagnosis include, but are not limited to the following:

- Accident resulting in multiple fractures or amputation of a limb
- AIDS
- ALS (amyotrophic lateral sclerosis)
- Cancer
- Cerebral palsy, muscular dystrophy
- Condition causing paralysis
- Hemophilia
- Mental illness (requiring hospitalization)
- Rare disease
- Severe burn involving over 20 percent of the body
- Severe head injury requiring hospitalization
- Spinal cord injury
- Stroke or cerebrovascular accident

**B.** A joint Association/Board committee consisting of three (3) members of the bargaining unit appointed by the Association and three (3) administrators shall be appointed on a yearly basis to review requests under this provision. In order to approve a request for catastrophic illness/injury sick leave donation, a two thirds (2/3) vote of the entire committee must prevail. The joint committee will establish rules and procedures for the allocation and disposition of donated leave under this Section 701.07. All rules and decisions of the joint committee require a two-thirds (2/3) vote of the entire committee.

**C.** Applications for catastrophic illness/injury sick leave donation must be jointly submitted to the administrator of Human Resources Administration and the Association President. Applications will include, but not be limited to the following information:

1. Nature of illness/injury.
2. Physician(s') statement as to the condition and the need for sick leave.
3. Projected date of return to duty.
4. Explanation of previous sick leave usage.
5. Any other pertinent information that applicant can submit to the committee for its consideration.

**D.** The committee shall meet and make a determination regarding the request. The bargaining unit member shall be informed of the committee's decision in writing within three (3) days of the meeting. The decision of the committee shall be final.

**E.** The Association will assume the responsibility for solicitation of donations for approved bargaining unit members, subject to procedures established by the joint committee. A form shall be mutually developed to solicit donations. Bargaining unit members may donate any amount of their unused sick leave to the affected member. A maximum of forty-five (45) days may be granted to the applicant. If additional sick leave donation beyond the forty-five (45) days maximum is needed, the bargaining unit member must reapply for consideration by the committee. One renewal will be considered by the committee. All donation forms will be submitted by the Association to the administrator of Human Resources Administration.

**F.** The joint committee shall not grant donated sick leave so as to delay the disability retirement of a teacher.

**G.** All information and reports relating to the applications under this policy shall remain confidential to the extent allowed by law.

**H.** A teacher using donated sick leave shall not earn or accrue any sick leave under Section 701.01.

## **15.6 Catastrophic Illness/Injury Sick Leave Donation Procedure (Classified Staff)**

A member of the bargaining unit who has exhausted all accumulated paid leave as a result of a catastrophic illness or injury of a temporary nature may be granted additional sick leave days through the donation of accumulated unused sick leave by other bargaining unit members who volunteer to do so in accordance with the following guidelines:

**A.** For purposes of this procedure, the term “catastrophic illness or injury” shall include only those illnesses or injuries which are calamitous in nature, constituting a great misfortune. Examples of a catastrophic diagnosis include, but are not limited to the following:

- Accident resulting in multiple fractures or amputation of a limb
- AIDS
- ALS (amyotrophic lateral sclerosis)
- Cancer
- Cerebral palsy, muscular dystrophy
- Condition causing paralysis
- Hemophilia
- Mental illness (requiring hospitalization)
- Rare disease
- Severe burn involving over 20 percent of the body
- Severe head injury requiring hospitalization
- Spinal cord injury
- Stroke or cerebrovascular accident
- Cardiovascular procedure

**B.** The Catastrophic Leave committee shall review request under this provisions. In order to approve a request for catastrophic illness/injury sick leave donation, a two-thirds (2/3) vote of the entire committee must prevail. The committee will establish rules and procedures for the allocation and disposition of donated leave. All rules and decisions of the Joint committee requires a two-thirds (2/3) vote of the entire committee.

**C.** Applications for catastrophic illness/injury sick leave donation must be jointly submitted to the Director of Human Resources Administration. Applications will include, but not be limited to the following information:

1. Nature of illness/injury.
2. Physician(s') statement as to the condition and the need for sick leave.
3. Projected date of return to duty.
4. Explanation of previous sick leave usage.
5. Any other pertinent information that applicant can submit to the committee for its consideration.

**D.** The committee shall meet and make a determination regarding the request. The bargaining unit member shall be informed of the committee's decision in writing within three (3) days of the meeting. The decision of the committee shall be final.

**E.** The bargaining unit will assume the responsibility for solicitation of donations for approved bargaining unit members, subject to procedures established by the joint committee. A form shall be mutually developed to solicit donations. Bargaining unit members may donate any amount of their unused sick leave to the affected member. A maximum of forty-five (45) days may be granted to the applicant. If additional sick leave donation beyond the forty-five (45) days maximum is needed, the bargaining unit member must reapply for consideration by the committee. One renewal will be considered by the committee. All donation forms will be submitted by CSEA to the Director of Classified Services.

**F.** The joint committee shall not grant donated sick leave so as to delay the disability retirement of an employee.

**G.** All information and reports relating to the applications under this policy shall remain confidential to the extent allowed by law.

**H.** A bargaining unit employee using donated sick leave shall not earn or accrue any sick leave.