



## T.J. ANTHONY CATASTROPHIC ILLNESS PROGRAM

### Fact Sheet

#### Purpose of the Program

The Catastrophic Illness Program (CIP) aims to assist City and County of San Francisco (City) employees who are catastrophically ill or who are caring for a catastrophically ill family member, and who have exhausted all their own paid leave. Catastrophic illness is defined as a life-threatening illness or injury as determined by the Department of Public Health.

The program provides paid leave for qualifying applicants by allowing other City employees to donate a portion of their:

- Accumulated sick leave or vacation credits to individual employees or a pool of employees who are determined to be eligible for catastrophic illness pay (CIP); and/or
- Vacation credits to an employee who is caring for a catastrophically ill family member (CIP-FM).

Employees who qualify for CIP may receive donations made to them specifically, or they may receive leave donations made to a pool, from which any catastrophically ill employee may draw.

#### Information for Applicants

##### CIP Eligibility

You may receive donations of sick leave or vacation credits from other City employees if you have been designated catastrophically ill and meet the following conditions:

- You are eligible to accumulate and use sick leave and vacation credits
- You are catastrophically ill
- You have exhausted all of your available paid leave
- You do not participate in a short or long-term disability program for which the City fully pays, either directly or indirectly. If you do participate in such a program, you must apply for disability benefits through that program as soon as you become eligible.

##### CIP-FM<sup>1</sup> Eligibility

You may be eligible to receive donations of vacation credits from other City employees if you must care for a catastrophically ill family member and meet the following conditions:

- You are eligible to accumulate and use sick leave and vacation credits
- You have exhausted all of your available paid leave
- You have a catastrophically ill family member
- You must take time off from work to care for the catastrophically ill family member.

<sup>1</sup>Family member means a spouse, registered domestic partner, or another dependent as defined in [the Internal Revenue Code](#) (26 U.S.C. sec. 152 as amended from time to time).

#### How to Apply

If you believe you meet the eligibility criteria, the first step is to fill out an [application for CIP](#) or an [application for CIP-FM](#) and submit it, along with supporting medical records, to the Human Resources Office of the Department of Public Health, at the address listed on the application, or at the end of this fact sheet.

The Department of Public Health Medical Officer will review your medical information to determine if you qualify for CIP. You may be asked to provide additional medical or financial documentation, or to be examined by a physician as part of the application process.

#### Medical Confidentiality

All information regarding your application will be kept strictly confidential. Any medical records submitted to help support your application will remain confidential at all times.



## Application Approval

If your application is approved, you will be assigned a recipient identification number (RIN), which keeps your identity confidential. The Department of Public Health periodically circulates the list of RINs to employees who may want to donate to individuals or to the pool. You may also give your RIN to employees who want to donate sick leave or vacation to your CIP account. Regardless of whether employees donate sick leave or vacation, all donations are credited to your account as sick leave. You may receive transferred leave credits totaling up to, but not more than, 100 percent of your normally scheduled hours for the pay period. To maintain CIP eligibility, you or your family member may need to be examined by a physician and/or supply further documentation of your medical status.

## Application Denial

If it is determined you are not catastrophically ill you have the right to appeal the decision. The Department of Public Health will notify you of its determination in writing, explaining the reasons for its decision, and procedures for filing an appeal. It is not necessary to exhaust the appeals process before reapplying—you may submit a new application after observing a 30-day waiting period from the date of denial if you have new information to provide.

## Information for Donors

To donate sick leave or vacation credits to another City employee or to the pool you:

- Must not be catastrophically ill
- Must be eligible to accumulate and use either sick leave or vacation credits
- Must retain a minimum of 64 hours of sick leave for your personal use.

To donate sick leave or vacation to a catastrophically ill employee you must complete a [donor form](#). To donate vacation only to an employee with a catastrophically ill family member you must complete the [FM donor form](#). On the form you must specify the amount of sick leave or vacation hours you wish to donate. If you are donating to an individual you must indicate the RIN of the employee on CIP. Some transfer conditions apply:

- Transfers must be in units of eight hours
- Once transferred, all donations are irrevocable
- A maximum of 160 hours per pay period, 80 hours per individual CIP employee, and 480 hours per fiscal year may be transferred
- Leave credits may be transferred to the CIP individual recipient or pool once per pay period
- Donations are subject to the San Francisco Administrative Code, Section 16.9-29A
- Marital status declaration of spousal consent must be completed.

Sick leave and vacation credits, granted to each employee through their service to the City, cannot be sold, bartered or traded to any other employee under any circumstances. The only provision for affording another employee a portion of your sick leave or vacation credits is under the stipulations of this ordinance. There are no exceptions.

## Contact Information

**For more information:**  
Contact your Departmental Personnel Officer.

**To obtain forms:**  
Visit the Department of Human Resources website at [www.sfdhr.org](http://www.sfdhr.org), and click on "Employee Leaves" under the employee tab.

**To submit forms:**  
Catastrophic Illness Program  
Department of Human Resources  
One S. Van Ness Avenue, 4th Floor  
San Francisco, CA 94103  
Fax: (415) 701-5884  
Email: [dhr-catill@sfgov.org](mailto:dhr-catill@sfgov.org)  
Phone: (415) 701-5802