LOUISIANA HOUSING CORPORATION		
Policy Number 54	**Policy Name** CRISIS LEAVE	**Original Effective Date** April 5, 2023
Issuing Department Human Resources	**Revision Dates**	
Contact Human Resources	**Signature**	
Appointing Authority Joshua G. Hollins, Executive Director	**Signature**	

I. Objective

The Louisiana Housing Corporation (LHC) intends to provide for its employees as many benefits of state employment that are available and beneficial to both the agency and the employee. Equitable administration of the Crisis Leave Pool is imperative to improve or maintain employee morale for the agency. This policy establishes guidelines and criteria for donating to and using leave in the crisis leave pool.

II. Applicability

This policy shall apply to permanent classified and unclassified Louisiana Housing Corporation (LHC) employees, hereinafter referred to as "LHC".

III. Policy

This policy enacts agency-wide standards for creating and administering a pool of shared annual leave, which may be used by employees who cannot work due to a crisis situation and who have insufficient leave to cover the absence from work needed to address the situation. The Crisis Leave Pool provides paid leave to an eligible employee who has experienced a catastrophic illness or injury to himself or a covered family member.

An eligible employee who receives leave from the crisis leave pool shall receive no more leave than required to ensure a 75 % wage replacement during his time away from duty.

IV. Definitions

1. Catastrophic Injury or Illness - An acute or prolonged illness, usually considered to be life-threatening or with the threat of serious residual disability. It is a severe condition or combination of conditions that:
    a. Affects the physical or mental health of the eligible employee or his family member; and
    b. Requires the services of a Licensed Medical Service Provider (LMSP) for a prolonged period of time; and

c. Prevents the eligible employee from performing his duties for ten (10) or more consecutive days and forces him to exhaust all applicable paid leave, resulting in the need to request leave without pay.

2. Crisis Leave Committee - A committee comprised of the Executive Director or their designee, the Chief Financial Officer, the Chief Operating Officer, the Benefits Human Resources Specialist, and the Human Resources Director.

3. Crisis Leave Pool Policy Year- For the LHC, the crisis leave pool policy year shall be the calendar year beginning January 1 and ending December 31.

4. Eligible Employee - A permanent classified employee or unclassified LHC employee eligible to earn leave. Eligible employees must have attained permanent status in the classified service or occupy a position in the unclassified service established by Constitutional authority or in accordance with Civil Service Rule 4. l(d)2.

5. Eligible Family Member - An individual who:

   a. Is living in the same household and is related to the eligible employee by kinship, adoption or marriage, or a foster child so certified by the Louisiana Office of Children's Services; or

   b. Is not living in the same household, is related to the eligible employee by kinship, adoption or marriage, and is totally dependent upon the employee for personal care or services on a continuing basis.

6. Leave Donor - An LHC employee who occupies a leave-earning position that has volunteered and is approved to donate annual leave to the Crisis Leave Pool.

7. Leave Pool Manager -The Human Resources Director or their designee.

8. Leave Recipient -An LHC employee who occupies a leave-earning position who has had a catastrophic injury or illness or who has an eligible family member who has had a catastrophic illness or injury, has exhausted all appropriate paid leave and is approved to receive leave from the Crisis Leave Pool.

9. Licensed Medical Service Provider (LMSP) - A practitioner, as defined in Louisiana State Licensing Law (relative to the LMSP's field of service), who is practicing within the scope of his or her license. This includes licensed physicians or Medical Doctors, Doctors of Osteopathy or DO, or licensed Chiropractors, Counselors, or Therapists, as recognized and licensed by the appropriate state boards or authorities.

V. Procedures

1. Donating to the Leave Pool

Donations to the Crisis Leave Pool are strictly voluntary; no employee shall be coerced or pressured to donate leave. Donations can be made at any time during the Crisis Leave Pool Policy Year. Only eligible employees can donate to the Crisis Leave Pool. An employee donating to the pool may not designate a particular employee to receive the donated time. Donations are accumulated in a pool and awarded to eligible employees on a first-come, first-served basis. Donations are limited to the following terms:

a. An employee may donate a minimum of hour (4) hours of annual leave (not sick or compensatory leave) at any given time. Donations must be made in whole-hour increments.

b. The donor must have a balance of at least 120 hours of annual leave remaining after the contribution.

c. Donations are limited to up to 240 hours of annual leave per employee per calendar year.

d. Donations will be deducted from the donor's leave balance and credited to the Crisis Leave Pool following the approved donation leave form in the first pay period. Leave will not be restored or returned to the donor once it has been transferred to the pool.

e. Unused crisis leave donations are rolled forward to the following year.

f. Donations are not automatic. A new donation leave form must be submitted if an employee chooses to donate in consecutive years.

g. To donate, an employee must complete an Application for Leave form and indicate "Donation to the Crisis Leave Pool" in the remarks section of the form. The form must be submitted to the Leave Pool Manager for approval.

2. Eligibility Requirements

a. An eligible employee may apply to receive leave from the Crisis Leave Pool if all of the following requirements are met:

I. The eligible employee or employee's eligible family member suffers from a catastrophic injury or illness,

II. The eligible employee has exhausted all applicable paid leave,

III. The eligible employee has exhibited regular attendance prior to the onset of the illness or injury that has triggered the need for crisis leave,

IV. The eligible employee is not currently absent from work due to disciplinary reasons, and

V. The appropriate documentation from an LMSP is provided to the Leave Pool Manager.

b. An employee is not required to donate leave to the pool in order to receive a leave benefit from the pool

c. The Crisis Leave Committee determines the amount of leave actually granted to an employee. The amount of leave granted to an employee is limited to:

I. An employee shall not be granted more than 240 hours of Crisis Leave per calendar year.

II. The value of the leave paid to an employee shall not exceed 75% of the pay that he would have received in a regularly scheduled workweek.

3. **Requests for Crisis Leave**

All information associated with a request for Crisis Leave is confidential and should be maintained as such and marked confidential by the eligible employee, supervisor and/or Leave Pool Manager.

a. To request Crisis Leave, an eligible employee must complete a *Crisis Leave Request* form. The request must be submitted to the Leave Pool Manager with a copy of the employee's *Certification of Physician or Practitioner* (FMLA-1) form. When possible, a request is to be submitted at least 10 days before the crisis leave is needed. The Leave Pool Manager reviews the request to make sure that the employee is eligible to receive crisis leave. The employee requesting crisis leave must provide all requested information necessary to make a final determination of eligibility.

b. Upon eligibility verification, the Leave Pool Manager will schedule a meeting of the Crisis Leave Committee within five (5) business days from the date a request was received (with required documentation). The committee members will review the request and either approve it as requested, approve a modified version, or deny it. The Leave Pool Manager will notify the eligible employee of the outcome.

c. If the request is approved, the Leave Pool Manager will work with Payroll to ensure that the leave is credited to the employee for use. If the

employee was on leave without pay prior to the approval, paid leave granted under this policy will be applied retroactively to the first date the employee was on leave without pay. Any other usage of crisis leave must be requested and approved per standard leave-taking procedures.

4. Changes in Status Affecting Crisis Leave

a. Crisis leave is awarded to an eligible employee solely for the purpose of addressing the catastrophic injury or illness reported on the request for leave. If any changes occur in the nature or severity of the illness or injury, or of any other factor on which the approval was based, the employee must immediately provide documentation describing the change to the Leave Pool Manager.

b. The hours granted from the Crisis Leave Pool may only be used for the reasons stated in the approved request. The use of leave from the Crisis Leave Pool for reasons other than those stated in the request, or not in accordance with the procedures and requirements of this policy, may constitute payroll fraud and could result in disciplinary action, up to and including termination.

c. An eligible employee may request additional crisis leave subject to the limitations and process outlined in this policy. Extensions of crisis leave are not automatic. Each extension will be considered on a first-come, first-served basis as it relates to the availability of leave from the pool.

d. Employees who can return to work or terminate employment before using all of the leave granted to them from the Crisis Leave Pool must return such unused leave to the pool.

5. Compensation and Benefits

a. Crisis leave will be paid to the eligible employee at his base rate of pay, not to exceed 75% of his pay for a regular workweek.

b. An employee who is on crisis leave will be considered in partial paid leave status and will continue to be eligible for benefits associated with their position, as appropriate. However, an employee on crisis leave will not accrue paid leave while on crisis leave pursuant to Civil Service Rule 11.5 (a).

VI. Appeals

The decision to approve or deny a request for crisis leave by the Crisis Leave Pool Committee is final and not subject to appeal.

VII. Responsibilities

1. Executive Team/Leadership Team
   LHC Executive and Leadership Teams are responsible for ensuring that the procedures, privileges and requirements outlined in this policy are applied equitably among LHC employees.

2. Managers/Supervisors
   Managers and supervisors are responsible for approving leave and monitoring employee leave balances as it relates to the implementation of this policy. Each is also responsible for maintaining accurate documentation of leave used by their employees for this purpose. Managers are also responsible for maintaining the confidentiality of all discussions and documentation related to requests for leave from the pool.

3. Employees
   Employees are responsible for adhering to all aspects of this policy and ensuring that documentation for donation of leave and requests for use of crisis leave are submitted in their proper form. Employees who utilize the crisis leave pool are responsible for ensuring that all leave used from the pool is for the specific reason stated in the request.

4. Human Resources
   Human Resources is responsible for maintaining the confidential documentation in a separate medical file for all employees who apply for leave from the Crisis Leave Pool. Human Resources is also responsible for preparing an annual report that will be provided to the Executive Team of Crisis Leave Pool activity for each year.

VIII. Violations

If a determination is made that any privilege afforded in this policy is being abused, such abuse may result in forfeiture of the privilege(s) and possible disciplinary action, up to and including termination. Failure to comply with any aspect of this policy may also result in disciplinary action.

IX. Questions

Questions regarding this policy should be directed to Human Resources.

Louisiana Housing Corporation

CRISIS LEAVE REQUEST FORM

Please submit to Human Resource, 2415 Quail Drive, Baton Rouge, LA 70808
or via fax to (225) 763-8896, or email to hr@lhc.la.gov.
**The request must be accompanied by the FMLA form.*

An eligible employee may apply to receive crisis leave if the following requirements are met:

- The employee or employee's eligible family member suffers from a catastrophic illness or serious injury; or
- the employee has a significant other or child who is still financially supported by the employee, or a dependent parent for whom the employee is the primary caregiver who experiences a catastrophic illness or serious injury; or
- the employee experiences the birth or adoption of a child and does not have sufficient annual, sick, or compensatory time to cover a minimum of six weeks of parental leave immediately following the birth or adoption; and
- the employee has exhausted all appropriate leave in accordance with this policy; and
- the employee has exhibited satisfactory attendance (with no history of leave abuse), and is not absent from work due to disciplinary reasons; and
- the catastrophic illness or serious injury is not occupationally related (therefore making that employee eligible for workers' compensation) and was not attained in the commission of an assault or felony; and
- the employee is unable to perform his/her duties for a period of **more than ten (10) consecutive days** and the employee is forced to exhaust all appropriate leave described in other parts of this policy and to lose compensation from the state; and
- the appropriate documentation from a LMSP, along with the FMLA form is provided to the Leave Pool Manager.

I (or family member/relation) have a crisis situation that may qualify for crisis leave. Please see attached Family Medical Leave Act (FMLA) form, which includes physician's certificate, and provides information about the patient's condition, nature of illness/injury, relevant medical history, type of treatment prescribed, prognosis, and their ability to return to work.

Name (Please Print):_____**Work Number:** _ _____

Mobile Phone: _____ **Personnel #**_____

Home Address: _____

I am requesting crisis leave for the following dates: ____(start date) to _____(end date).

I understand that the value of the annual leave granted as crisis leave cannot exceed 75% of my pay in a regular work week and that crisis leave is limited to 240 hours per calendar year. Furthermore, I understand that I will not accrue leave while using crisis leave.

Employee Signature:_____**Date:** _____

Requests should be made at least 10 days prior to the need for crisis leave, if possible. Human Resources will contact the employee within five working days regarding the status of the request.

Louisiana Housing Corporation

CRISIS LEAVE DONATION FORM

Please submit to Human Resource, 2415 Quail Drive, Baton Rouge, LA 70808
or via fax to (225) 763-8896, or email to hr@lhc.la.gov.
****The request must be accompanied by the FMLA form.***

The **criteria for the donation** of annual leave to the crisis leave pool shall be the following:

1. Classified employees must have attained permanent status to be eligible to donate to the leave pool.
2. Individual employees of the Louisiana Housing Corporation may donate no more than 240 hours of annual leave to the crisis leave pool per policy year.
3. Employees of the Louisiana Housing Corporation shall retain a balance of 120 annual leave hours after the leave donation.
4. The donation of annual leave to the agency crisis leave pool shall be made by the employee at his own discretion and without the use of coercion or pressure to donate leave.
5. Your identity as a donor will be kept confidential.
6. You may not stipulate who is to receive the donation of leave.
7. The donation of annual leave to the agency crisis leave pool is irrevocable.

Donation Year	Employee ID Number	Employee Name	Number of Hours before donation	Number of hours being donated	Number of hours retained after donation	Total number of hours donated in donation year

By signing this form, I hereby acknowledge that I am making a donation of monetary value in the form of annual leave to the agency crisis leave pool and that I do so at my own discretion and without pressure or coercion to do so. I also understand the donation of this leave is irreversible.

Employee Signature:_____**Date:** _____

Requests should be made at least 10 days prior to the need for crisis leave, if possible. Human Resources will contact the employee within five working days regarding the status of the request.

	Signature/Initials	Date
HR Approval		
Payroll Processing		