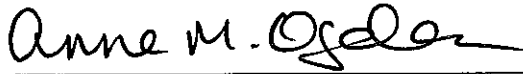


**Catholic Charities Disabilities Services  
Agency Standard and Procedure**

<b>Standard Category</b>	Human Resources
<b>Standard Title</b>	Mutual Aid Pool
<b>Regulations</b>	
<b>Original Issue Date</b>	01/01/05
<b>Latest Revision Date</b>	11/14/2013
<b>Number of Pages</b>	2
<b>Attachments</b>	Mutual Aid Pool Donation Form Mutual Aid Request Form (CC-9)
<b>Approved by:</b> <b>Anne M. Ogden, Executive Director</b>	

**Standard**

In order to provide support for an employee who is experiencing a catastrophic event, the employees of Catholic Charities have established a Mutual Aid Pool. The intent of this pool is to provide paid leave to an employee who is experiencing a catastrophic event that requires him/her to be out of work for an extended period of time without pay. In the case of a terminal or long-term illness, this pool may also be used to cover other expenses (i.e. health premiums) at the discretion of the Chief Executive Officer.

The Mutual Aid Pool is intended for all employees throughout the system of Catholic Charities of the Diocese of Albany and is managed by the Main Office. The pool is comprised of Combined Leave Time (CLT) which employees, of the entire system of Catholic Charities, have donated for this purpose. Assistance from the pool is meant to supplement, not exceed an individual's normal compensation. Employees do not earn time during the donation period, and if eligible, will be placed on Family and Medical Leave. Normally, the maximum amount of time that may be granted is three months per event.

**Catholic Charities Disabilities Services Procedures Requests for Donations**

The Executive Director of CCDS will be notified by the CEO of Catholic Charities when donations of CLT (combined leave time) are needed to replenish the Mutual Aid Pool. The Executive Director then notifies the Director of Human Resources, who manages the donation effort.

The Human Resources Department uses a variety of tools to alert employees that donations are needed. These may include, but are not limited to, e-mail, s-coms, written notices, meetings, and phone communications. Included in these communications are the Mutual Aid Pool Donation Form and the deadline for submission of donations.

**Process for Tracking and Submitting Donated Time to Catholic Charities of the Diocese of Albany**

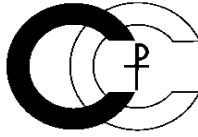
As the donation forms are returned from the employees, the HR department first confirms the employee is eligible to donate, then confirms the hourly rate for each donation. At the conclusion of the donation period, a summary is sent to the fiscal department where a check made out to the Main Office of Catholic Charities.

Adjustments will be made to the accruals for those who donated, and a memo will be sent to each donating employee thanking them for their donation. The adjusted CLT balance will appear on the employee's paycheck stub that follows the donation deadline.

**Process for Making an Employee Request to the Mutual Aid Pool**

The Human Resources Department is responsible for preparing requests for assistance from the Mutual Aid Pool. It is then sent to the Executive Director for approval and submission to the CEO. This is done electronically using the CC-9 form.

Requests may be initiated by individual employees, the employee's supervisor, or Human Resources.



CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY

COMBINED LEAVE TIME DONATION TO THE MUTUAL AID POOL

Guidelines for CLT Donations:

- 1) In order to contribute CLT hours, the following criteria must be met:
- You have completed your Introductory Period;
- You have in excess of two weeks of CLT available at the time of donation; and
- You still have a minimum balance of two weeks remaining after your contribution is made.
2) Donations may be made in one-hour increments up to two day's pay.

Agreement:

I, \_\_\_\_\_ (please print name), hereby donate to the Mutual Aid Pool, administered by Catholic Charities of the Diocese of Albany, \_\_\_\_\_ hours of my accrued Combined Leave Time balance. I have completed the Introductory Period of my employment and will have a balance of at least two (2) weeks of accrued Combined Leave Time after the donation.

Authorization:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exec. Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use, only:

Employee's accrued CLT balance as of March 31, 2013 = \_\_\_\_\_ hours
Minus donated hours (\_\_\_\_\_) hours
Balance of accrued CLT hours remaining after donation \_\_\_\_\_ hours

\_\_\_\_\_ @ \$\_\_\_\_\_ = \$\_\_\_\_\_ X 1.0765 = \$\_\_\_\_\_
Hrs. Donated Hourly Pay Rate Total CLT \$ (FICA) Total \$ Donated

Instructions to Agency Fiscal Director: Please adjust the CLT balances for those employees making donations, total up all of the CLT dollars donated in your agency and mail one check to CC Fiscal Office, Attn: Debra Duke, Comptroller. Thank you!