

**Lansing Community College
Part-Time Clerical Technical Union
Union PTO Fund**

The PTCTU Union PTO Fund serves as a depository into which PTCTU bargaining unit members may donate accrued PTO for allocation to other PTCTU bargaining unit members. The donation of hours is completely voluntary, and such donation may be kept confidential at the request of the donor. The purpose of this bank is to alleviate the hardship caused if catastrophic illness or injury forces the PTCTU bargaining unit member to exhaust all PTO earned by that bargaining unit member resulting in a loss of compensation. The fund is not intended to be used for routine illnesses. The PTCTU Union PTO Fund is established by the bargaining unit members of the Part-Time Clerical Technical Union and may only be utilized by PTCTU bargaining unit members. Lansing Community College has no decision making authority over the PTCTU Union PTO Fund. The only role/responsibility the College has is to maintain the PTCTU Union PTO Fund and distribute hours as directed.

Donations

Any bargaining unit member who wishes to donate up to 10 hours per fiscal year (July 1 through June 30) of their PTO must sign the PTCTU Union PTO Fund Donation form indicating the number of hours to be donated. Any hours donated into the PTCTU Union PTO Fund are donated to the Union PTO Fund and are unable to be designated to another PTCTU member or group of members. Donated hours are non-refundable. To donate hours, return the completed PTCTU Union PTO Fund Donation Form to the PTCTU President at:

Lansing Community College Part-Time Clerical Technical Union
Attention: PTCTU President
Mail Code 7801
PO Box 40010
Lansing, Michigan 48901-7210

Application Procedure

Application may be made by a bargaining unit member or his/her designee indicating a request for the utilization of hours from the PTCTU Union PTO Fund. The forms are available from the PTCTU Website at www.iammea.org/lansingccpctu.

The following forms must be submitted before a request can be reviewed:

- Signed PTCTU Application for Utilization of Hours from the PTCTU Union PTO Fund
- Completed and signed PTCTU Union PTO Fund Attending Physician's Statement
- A signed PTCTU Union PTO Fund Authorization to Release PTO History

The application and accompanying documents must be submitted to the PTCTU President for distribution to the PTCTU Union PTO Committee at:

Lansing Community College Part-Time Clerical Technical Union
Attention: PTCTU President
Mail Code 7801
PO Box 40010
Lansing, Michigan 48901-7210

Eligibility & Limitations

The PTCTU Union PTO Fund is available to those bargaining unit members who have completely exhausted all PTO and are not receiving temporary disability benefits under workers' compensation.

PTO hours may be requested for any catastrophic injury or illness of a PTCTU bargaining unit member or of an individual to whom the PTCTU bargaining unit member is a primary care giver to. Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of an individual making it impossible for the individual to work. The catastrophic illness or injury must require the continuing services of a physician, psychologist, or psychiatrist.

Withdrawals

A bargaining unit member or his/her designee must request PTO hours from the bank in writing to the PTCTU Union PTO Committee through the PTCTU President. Requests for PTO hours are to be for the bargaining unit member's catastrophic illness or injury.

Each initial grant of PTO hours shall be limited to sixty (60) consecutively scheduled working hours for each illness or injury. After the initial grant, additional hours may be requested if necessary.

The right to apply for the bank terminates when any of the following occurs:

1. Bargaining Unit Member's employment terminates.
2. Bargaining Unit Member returns to work either on a full-time or part-time basis.
3. Bargaining Unit Member is approved to receive benefits from:
 - a. disability retirement
 - b. a long term disability program
 - c. worker's compensation benefits or settlement
 - d. Social Security Disability
4. Personal emergency terminates.
5. Bargaining Unit Member has received 60 hours from the bank, or the time allotted by the PTCTU Union PTO Committee has been reached.

The PTCTU Union PTO Committee may terminate previously granted benefits if:

1. The applicant fails to, or refuses to provide additional requested medical information.
2. The PTCTU Union PTO Committee determines that the applicant has obtained benefits through misrepresentation or fraud.
3. The applicant begins to receive other benefits.

Approval Procedure

As soon as possible after an Application for Utilization for Hours is received by the PTCTU Union PTO Committee, the PTCTU Union PTO Committee shall convene to act on the application. If the application is approved based on the information contained therein along with the accompanying Attending Physician's Statement and Authorization to Release PTO History forms, the PTCTU Union PTO Committee shall provide written notification to the applicant and the PTCTU President. The PTCTU President will then contact the Office of Human Resources at Lansing Community College to complete the distribution of the approved hours. If the application is not acted upon because of the need for additional information or clarification, the PTCTU Union PTO Committee shall provide written notification of that fact, along with a request for additional information/clarification, to the applicant. As soon as possible after receipt of the requested information, the PTCTU Union PTO Committee will be reconvened to act upon the application.

Denial Procedure

If the PTCTU Union PTO Committee determines that an illness or disability which warrants utilization of hours from the PTCTU Union PTO Fund does not exist, or if sufficient medical verification of such an illness or disability is not provided to the PTCTU Union PTO Committee, it may deny the application. The PTCTU Union PTO Committee shall

immediately notify the applicant and the PTCTU President. Any denial will include the specific rationale for the denial and the right to appeal this decision to the PTCTU Executive Board.

Appeal Procedure

Within fourteen (14) business days of the rendering of the PTCTU Union PTO Committee's decision, the applicant may appeal the decision to the PTCTU Executive Board by sending a written letter explaining the reason(s) why his/her request should have been approved. Appeals to the PTCTU Executive Board must be submitted through the PTCTU President at:
Lansing Community College Part-Time Clerical Technical Union
Attention: PTCTU President
Mail Code 7801
PO Box 40010
Lansing, Michigan 48901-7210

Within fourteen (14) business days after the receipt of the appeal, the PTCTU President shall convene the PTCTU Executive Board and the PTCTU Executive Board shall render a decision on the appeal. If the appeal is approved, the PTCTU Executive Board will provide written notification to the applicant and the PTCTU President will contact the Office of Human Resources at Lansing Community College to complete the distribution of the approved hours. If the PTCTU Union PTO Committee's decision is upheld, the applicant will receive written notification of such decision.

The decision of the PTCTU Executive Board is final and binding and is not subject to the grievance procedure.

Disclosure of Information

Applicants requesting utilization of days from the PTCTU Union PTO Bank shall agree that the PTCTU Union PTO Fund Committee members and in the case of appeals, the PTCTU Executive Board, are authorized to examine all information submitted by the applicants and his/her physician in support of the application, and all information regarding PTO usage history obtained from the Office of Human Resources at Lansing Community College. The PTCTU Union PTO Committee and the PTCTU Executive Board shall not disclose any information pertaining to the application, including the application's status, without prior written consent from the applicant, EXCEPT:

- If required to do so by Federal or State statutes or
- If required to do so by a Court of competent jurisdiction or
- To report the hours to be added to the applicant's pay to the Office of Human Resources at Lansing Community College or
- To report the activity and utilization of the PTCTU Union PTO Fund to the PTCTU Executive Board

PTCTU Union PTO Committee

The PTCTU Union PTO Committee shall be composed of at least three (3) PTCTU members and one (1) alternate appointed for a term of one year by the PTCTU President and approved by the PTCTU Executive Board. The alternate will become a member of the PTCTU Union PTO Committee should a member be unavailable, and/or if a conflict of interest exists between a member of the PTCTU Union PTO Committee and an applicant.

The PTCTU Union PTO Committee shall meet at least once per calendar year to review the balance in the bank. At least once a year the PTCTU Union PTO Committee shall file a report of activities and utilization of the bank with the PTCTU Executive Board. In addition, the PTCTU Union PTO Committee shall meet whenever necessary to act upon an

application. If necessary, the PTCTU Union PTO Committee may meet by telephone conference call with necessary written documents exchanged by facsimile machine or electronic mail.

All decisions of the PTCTU Union PTO Committee shall be by majority vote of the members appointed and serving on the PTCTU Union PTO Committee.

Application for Utilization of Hours from the PTCTU Union PTO Fund*

Name		Date
Street Address		
City	State	Zip
Phone Number – Office	Phone Number – Home	
Department	Division	
First Date of Continuing Illness/Disability	Number of Accumulated PTO Hours at Beginning of this Illness/Disability	
List Dates of Absence from Work Due to this Illness/Disability		
Date on which Personal PTO Hours was/will be exhausted	Number of Union PTO Hours being Requested (Maximum 60)	
<p>Applicant's Statement Describing the Illness/Disability/Hardship</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>		
<p>I hereby apply for PTO hours from the PTCTU Union PTO Fund for the above described illness/disability. I understand that this application, the supporting Attending Physician's Statement and Authorization for Release to PTO History will be distributed to members of the Union PTO Committee and if an appeal is made, the PTCTU Executive Board. I authorize the distribution of this application, Attending Physician's Statement and Authorization to Release of PTO History as stated above and waive my right to privacy pursuant to the information contained in these documents.</p>		
Applicant's Signature		Date

Send this application, the Attending Physician's Statement and Authorization to Release of PTO History to the PTCTU President.

*This application may be completed by the Bargaining Unit Member or his/her designee. A designee must have a legal Power of Attorney giving him/her the authority to waive the employee's HIPPA rights.

PTCTU Union PTO Fund Attending Physician's Statement

Patient's Name	Age
Diagnosis	
Prognosis	
Brief History of Illness or Injury (include dates of treatment by you and dates and name of hospital confinement, if any)	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>In your opinion, is the patient's disability caused by his/her employment?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please explain on a separate sheet)</p>	
<p>Based upon your personal knowledge and treatment, how long has the patient been totally disabled by this illness/injury so that he/she was prevented from working?</p> <p>From _____ To _____</p>	
<p>Has the patient recovered sufficiently to return to work?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, what is the date on which the patient was able to return to work? _____</p> <p>If no, when, in your opinion, may work be resumed? (Please be as specific as possible. If a specific date cannot be determined, please estimate in days, weeks, or months how long total disability will occur.) _____</p>	
Physician's Name (Please print clearly)	
Physician's Signature	Date Completed
Phone Number	Office Hours
Office Address	
Physician's Specialty Board Certification	

Authorization to Release PTO History*

I, _____, hereby grant permission for the Office of Human
Applicant's Name (Print Clearly)
Resources at Lansing Community College to release all my PTO history to the PTCTU Union
PTO Fund Committee and if an appeal is made, the PTCTU Executive Board.

Signature of Applicant

Date

*This application may be completed by the Bargaining Unit Member or his/her designee. A designee must have a legal Power of Attorney giving him/her the authority to waive the employees HIPPA rights.