

## CATASTROPHIC SICK LEAVE TRANSFER FORM

Section 16-22-9 of the Code of Alabama 1975 contains the following provisions for donation of sick leave days by members of sick leave banks:

(a)(1) **CATASTROPHIC ILLNESS.** Any illness, injury, or pregnancy or medical condition related to childbirth, certified by a licensed physician which causes the employee to be absent from work for an extended period of time.

(h) **Catastrophic sick leave.** Employees, at their discretion, may donate a specific number of days to the sick leave bank to be designated for a specific employee for use against a catastrophic illness as defined by this section. A donating employee shall not be required to donate a minimum number of catastrophic days to the sick leave bank. The recipient employee may use catastrophic sick leave days for himself or herself or for other covered persons as provided in Section 16-1-18.1. Before sick leave days for a catastrophic illness may be used by a recipient employee, the recipient employee shall have first exhausted all sick and personal leave. Donated days shall become available for use by the particular employee who shall not be required to repay the days. Any employee who donates sick leave days to the sick leave bank for a particular employee suffering from a catastrophic illness shall be clearly informed that the donated days are not to be recovered or returned to the donor. If the particular employee does not require all the days donated to the credit of the employee, the days shall revert to the credit of those employees who donated the days in accordance with the guidelines adopted by the sick leave bank committee. No employee may donate more than 30 sick leave days, exclusive of the provisions of subsection (e), to the sick leave bank for the catastrophic sick leave of any one employee. A sick leave bank is authorized to donate sick leave days to another sick leave bank for use by a particular employee who is suffering a catastrophic illness. An employee must be a member of the sick leave bank to donate or receive catastrophic sick leave days.

### DONATING EMPLOYEE MUST COMPLETE THIS SECTION

Donating Employee's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Donating Employee's Agency: \_\_\_\_\_

Recipient Employee's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Recipient Employee's Agency: \_\_\_\_\_

I certify that I have read and understand the above catastrophic sick leave provisions. I further certify that I am donating \_\_\_\_\_ sick leave days to the above recipient employee and authorize the transfer of my sick leave days by deduction from my current sick leave balance.

Signature of Donating Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION OF SICK LEAVE TRANSFER BY THE DONATING EMPLOYEE'S AGENCY

I certify that the donating employee is a member of the sick leave bank and that the donating employee's current sick leave balance contains a sufficient number of days for transfer to the recipient employee by deduction from the donating employee's sick leave balance.

\_\_\_\_\_  
Signature of Authorized Representative of the Donating Employee's Agency

\_\_\_\_\_  
Date

[SEND COMPLETED FORM TO THE RECIPIENT EMPLOYEE'S AGENCY]

**LOCAL EDUCATION AGENCY  
INJURY REPORT**

1. Name of Injured Employee (Please type or print) (Last) (First) (MI)		2. Social Security Number ____-____-____	3. Date of Birth ____/____/____	4. Sex ___ M ___ F
5. Home Address (Number and Street) (City or Town) (State) (Zip)		6. Telephone Number Home ( ) Work ( )	7. Job Title	8. Status ___ Full Time ___ Part Time ___ Contract
9. Employing Agency		10. Agency Address (Number and Street) (City or Town) (State) (Zip)		
11. Date of Injury ____/____/____	12. Time of Injury ____:____ a.m. ____ p.m.		13. Date Employer Notified ____/____/____	
14. Is employee covered by medical insurance? ___ Yes ___ No If yes: ___ Blue Cross/Blue Shield ___ Other:		15. Name and address of attending physician		
16. Name and address of medical facility where treated  ___ Hospitalized ___ Outpatient ___ Emergency Treatment		17. City or town where injury occurred	18. Location or place where injury occurred	
19. Describe fully what happened to cause the injury or illness				
20. Describe the injury or illness in detail and indicate the body part(s) affected				
21. Were there any witnesses to the injury? ___ Yes ___ No (If "yes", give name, address, and telephone number)				
22. _____ Signature of injured person                      Print Name                      Telephone Number (Daytime)                      Date				
23. _____ Signature of Supervisor (or other designated authority)                      Print Name                      Telephone Number (Daytime)                      Date				

LOCAL EDUCATION AGENCY  
PHYSICIAN CERTIFICATION FORM

1. Name of Injured Employee (Please type or print) (Last) (First) (MI)		2. Social Security Number ____-____-____	3. Date of Birth ____/____/____	4. Sex __ M __ F			
5. Home Address (Number and Street) (City or Town) (State) (Zip)		6. Telephone Number Home ( ) Work ( )		7. Job Title	8. Status __ Full Time __ Part Time __ Contract		
9. Employing Agency		10. Agency Address (Number and Street) (City or Town) (State) (Zip)					
11. Date of Injury ____/____/____		12. Is there a reasonable expectation that the employee will be able to return to work? __ Yes __ No		13. If "yes" on item 12, give the date or approximate date of return. ____/____/____			
14. If the employee can return to work, are there any restrictions on the employee's duties? If so, how long will the restrictions apply?							
15. If "no" on item 12, give details for employee not being able to return to work.							
16.							
Signature of Attending Physician		Print Name		Telephone Number		Date	

## Implementing the Military Leave Bill (Act No. 2002-430)

Act No. 2002-430 requires a local board of education to pay an employee, who is called into active service of the U. S. armed forces during the war on terrorism (which began September 11, 2001), compensation if the basic pay for active military duty is less than the salary the employee would receive if still working for the board. The basic pay is identified on the employee's military leave and earnings statement. The board salary includes any pay raises and salary schedule step raises the employee would receive if still on-the-job.

1. The employee is responsible for providing a set of the employee's mobilization/homeland security orders to the school board. The school board must send a copy of these orders to: Office of the Adjutant General, ATTN: AL-SPDO, P O Box 3711, Montgomery, AL 36109-0711. The accompanying Form 2 from the school board, requesting the Adjutant General's certification that the employee's military service is in accordance with Act No. 2002-430, should contain the name and telephone number of the contact person at the school board. (The Adjutant General's office may need a military record of service to complete the certification process.) If the employee's military service qualifies, the Adjutant General will approve the Certificate of Military Service In Accordance With Act 02-430.
2. The employee must provide a copy of each leave and earnings statement of military pay to the school board. Only the base pay identified on the leave and earnings statement — excluding any special military pays or allowances (i.e. flight pay, jump pay, housing allowance, hazardous duty pay, subsistence allowance, family separation allowance, etc.) — is considered military pay for calculating the military pay differential. If the base pay on the leave and earnings statement is less than the school board salary, the employee will receive the differential amount after federal and state withholdings. Because this payment is not subject to employer or employee TRS or FICA matching, a bonus payroll may be used for military service differential pay to employees. The employee is not due the military pay differential for any days the employee receives full payment from the school board under the 21-day annual military leave of absence provision.
3. The school board must maintain accurate records for calculating the military service differential pay. Basic pay while on active duty is subject to change due to service promotions and annual military pay adjustments. The school board needs each leave and earnings statement for the employee's length of service on active duty. (The employee can access these leave and earnings statements on the internet if necessary). The school board may be required to pay the military service differential pay for some employees retroactive to September 11, 2001.
4. The employee does not earn sick leave or vacation leave for the days the employee receives differential pay. However, if the school board uses length of service to determine additional personal leave or vacation days, the active duty military service must be counted as service credit as if the employee is still on-the-job. Act No. 2002-430 also requires the restoration of sick and annual leave the employee was required to take as a result of being called into active military service during the war on terrorism. According to an opinion by the Alabama Attorney General (AG Opinion No. 2002-270), the leave restoration includes the days the employee felt compelled or required to take under the circumstances and in the exercise of his or her independent judgment as a result of being called to active duty in the war against terrorism.
5. The time spent on active military duty counts as service credit for continuing service status, for step raises on salary schedules, and for job experience in promotions.
6. The Retirement Systems of Alabama (RSA) has issued guidance on the employee insurance program during military leave. Contact the PEEHIP program at the RSA if additional guidance is needed.
7. As stated in Item 2 above, the military service differential pay is not subject to employee or employer retirement matching. The RSA has issued guidance for payment of the employee and employer retirement matching after the employee returns from active duty. Contact the RSA if additional guidance is needed.

**ALABAMA  
STATE MILITARY DEPARTMENT  
OFFICE OF THE ADJUTANT GENERAL  
P.O. BOX 3711  
MONTGOMERY, ALABAMA 36109-0711**

AL-TAG

\_\_\_\_\_  
(Date)

**Certificate of Military Service in Accordance with ACT 02-430**

1. The attached military mobilization/Homeland Security orders or military record of service DD Form 214 is certification pursuant Act 02-430 that:

\_\_\_\_\_, \_\_\_\_\_, has performed or is  
(Name) (SSN)

performing military duty in the current war on terrorism.

2. Military duty is/was performed in active service in the armed forces of the United States since 11 September 2001.

3. School Board: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_

Certification of Adjutant General

(BY ORDER OF THE GOVERNOR)

Form 2