



CATASTROPHIC/MATERNITY SICK LEAVE APPROVAL

EMPLOYEE NAME: _____ DATE: _____

Guidelines

1. An employee must be a member of the Sick Leave Bank to request Catastrophic Leave.
2. Complete this form and return it to the Human Resources Department at the Chilton County Board of Education, to be presented for Board approval.
3. The employee who is to receive sick leave days for a catastrophic illness, shall be a member of the Sick Leave Bank and must exhaust all sick, personal and vacation days before borrowing sick days.
4. Maternity leave, less than 6 weeks, must complete a catastrophic form for board approval, but does not require a physician signature. Maternity leave that necessitates **more than 6 weeks, must have physician signature** prior to presenting for board approval.

Employee Information

Employee Name: _____ Social Security # _____
 Address: _____ Phone: _____
 _____ Email: _____

Attending Physician Information * complete only if maternity leave exceeds 6 weeks*

Physician Name: _____
 Physician Address: _____
 Business Phone: _____
 Physician Statement: _____

Based on my professional opinion, I estimate that the person whose name is shown above will need to be away from his/her employment for _____ days or weeks (circle one)

Physician Signature _____ Date _____
 *Additional Physician documentation may be attached.

Description of Illness/Injury (completed by employee requesting leave)

A description of my illness/injury is as follows:

Employee Signature _____ Date _____