

CLARKE COUNTY BOARD OF EDUCATION

CATASTROPHIC SICK LEAVE APPROVAL FORM

Section I: Employee Information

Name and Address of Employee: _____

Signature of Employee

Date

An employee must be a member of the Clarke County School System Sick Leave Bank and receive approval from the Board prior to participating in catastrophic sick leave.

Section II: Attending Physician's Statement (Required)

A statement from the attending physician attesting to the need for the employee requesting catastrophic leave to be placed on extended leave.

Name and Address of Physician: _____

Business Phone Number _____

Physician's Statement (**may be attached or written**) _____

Based on my professional opinion, I estimate that the person whose name is shown in Section I above will need to be away from his/her employment for _____ days.

Signature of Physician

Date

Section III: Board Action

Recommended by Superintendent: Yes _____ No _____ Date _____

Approved by Board: Yes _____ No _____ Date _____

Please return completed form to the Personnel Office