

CLARKE COUNTY BOARD OF EDUCATION

CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION FORM

Section I: Donating Employee Information

Name and Address of Employee: _____

Name and Address of Employer: _____

Section II: Beneficiary Employee Information

Name and Address of Employee: _____

Name and Address of Employer: _____

The beneficiary and donating employee must be a member of the Clarke County School System Sick Leave Bank or a member of the Sick Leave Bank in the public school system where he/she is employed.

Section III: Number of Days Donated

I certify that I hereby donate _____ days of my regular state sick leave days to the beneficiary employee whose name is listed above in Section II. My employer has my permission to transfer the indicated number of sick leave days to the employee of the beneficiary for his/her use due to catastrophic illness/injury as defined by Alabama Legislative Act 93-753. I understand that my accumulated sick leave balance will be reduced by the specified number of days I have authorized to be transferred and that such days will not be returned to me.

Donating Employee's Signature

Date

No more than 30 days may be donated by any one employee

Section IV: School System Authorizations

I hereby certify that the donating employee is employed by the _____ Board of Education and has an accumulated balance of sick leave days equal to or greater than the number of days authorized for transfer. I further certify that the provisions of the Sick Leave Bank have been followed in authorization of this transfer of sick leave days.

Personnel Office

Date