

# CATASTROPHIC SICK LEAVE TRANSFER ACCEPTANCE

## ***BENEFICIARY EMPLOYEE INFORMATION***

**Receiving Employee Name:**

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**Social Security Number:**

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**Beneficiary's School:**

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I agree to use whatever day(s) are donated to me due to a catastrophic illness as provided for in Act 99-581.

As a beneficiary employee, I understand that I must use all sick leave, flex leave, personal leave and vacation leave and borrow the maximum days from the sick leave bank before using any donated leave. I further understand that I will earn regular sick leave while on catastrophic leave and that I must use the day earned each month as it is earned as well as any other sick, personal or vacation leave earned in order to comply with Section 2 of the act.

I further understand that if any donated catastrophic sick leave is remaining, it will be used to repay days owed to the sick leave bank. After that, any unused donated days will revert to the donor(s) after I have been back to work for a period of 30 calendar days.

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Beneficiary's Signature

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Date