

CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION FORM

MOUNTAIN BROOK CITY BOARD OF EDUCATION

Donating Employee Information

Name of Employee _____

School/Work Site _____

Home Address _____

Social Security No. _____

School/Work Site Phone No. _____

Beneficiary Employee Information

Name of Employee _____

School/Work Site _____

Home Address _____

Social Security No. _____

School/Work Site Phone No. _____

Days to be Donated

Note: Not more than 30 days may be donated.

Number of days to be donated: _____

Certification of Donating Employee

I certify that I hereby donate the above number of sick days to the beneficiary employee listed above. The Board has my permission to transfer the indicated number of sick leave days to the employee sick leave bank for the specific use of the employee listed above due to a catastrophic illness/injury as defined by Act 99-581. It is my understanding that my sick leave balance will be reduced by the specific number of days hereon donated and that the days will not be returned to me.

Signed: _____ Date: _____
Donating Employee

Witnessed by _____ Date: _____

Certification of the Board

I hereby certify that the donating employee's information listed above is correct to the best of my knowledge, and the above number of sick leave days donated have been credited to the sick leave account of the beneficiary employee.

Signed: _____ Date: _____