CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION FORM

WINSTON COUNTY BOARD OF EDUCATION
Double Springs, Alabama

Section I: Donating Employee Information

Name of Employee _____
Home Address _____
Home Address _____
S. S. No. _____ Schl/Work Site Phone No._____
Employer _____
Employer Address

_____

Note: The donating employee must be a member of his/her local SLB to donate to an employee of the Winston County School District.

Section II: Beneficiary Employee Information

Name of Employee _____
Home Address_____
Home Address_____
S. S. No. _____ Schl/Work Site Phone No._____
Employer _____
Employer Address _____

Note: The beneficiary employee must be a member of the SLB 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 employer of the beneficiary for his/her use due to catastrophic illness/injury as defined in The Code of Alabama, 16-22-9. 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

_____ _____
Witness Date

Note: Not more than 30 days may be donated by any one employee.

Section IV: School District Authorizations

I hereby certify that the donating employee is employed by the Winston County 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 SLB have been followed in authorization of this transfer of sick leave days.

_____ _____
Superintendent Date