

**DEKALB COUNTY BOARD OF EDUCATION  
CATASTROPHIC SICK LEAVE POLICY**

Employees, at their discretion, may donate a specific number of sick leave days (up to 30) to a catastrophic sick leave bank designated for a specific employee (forms and guidelines to be furnished to each school). Donated leave is not returned to the donor unless not used by the designated employee.

The recipient must have a catastrophic illness which is recognized and defined by the State Department of Education in line with H.B. 210 and Act 99-581 and all other leave must have been exhausted. Most transactions involving this policy will be handled at the time of the request or need.

**CATASTROPHIC SICK LEAVE  
GUIDELINES AND PROCEDURES**

Catastrophic Sick Leave should be thought of as an emergency measure used to protect member benefits and prevent lapse of coverage (Insurance and Retirement) for a short period of time until member is able to return to work.

1. Any participating member of the SLB may request CSL for themselves or any eligible individual as recognized by the policy of the State Legislature, by filing a CSL application obtained from the central office or the local school.
2. An employee must be a member of the SLB at the time catastrophic illness or injury is discovered and have exhausted all leave at their disposal, including the 15 days they may borrow from SLB, to be eligible for CSL. Sign up for SLB is twice a year, the first two weeks of each school term. Members receiving CSL do not have to pay back donated days.
3. No limit is established on the number of CSL days an employee may request, though the employee can receive only as many days as have been donated on the specific employee's behalf.
4. A beneficiary employee shall earn regular leave while on catastrophic leave donated by other employees, however, the beneficiary employee must use this earned leave each month as it is earned before using donated days in order to comply with Section 2 of the Act.
5. A person must be a member of SLB to donate days for CSL. SLB members may donate a specific number of days to the SLB designated for a specific employee who is suffering a catastrophic illness and has applied for a CSL.
6. Donors must have 5 days on deposit in SLB plus must maintain a minimum balance of 10 days in their personal SL account before donating days. The 10 day minimum requirement does not apply when the donation is made between spouses. Members may donate a maximum of 30 days. The transaction of crediting to a claimant's account and debiting the donor's account will be simultaneous and shall occur only when needed for a particular month's payroll.

Donor forms are stamped with the date received and used in the order that they are received. Days donated but not used will revert back to the employee making the donation.

7. Donor forms are available upon request for anyone wishing to donate days for CSL. It shall be the duty of the local AR Rep or other designated person at the local school to recruit donations for CSL for members at their school needing leave.
8. Completed applications and donations should be sent to the central office where they will be processed for payroll.
9. The DeKalb County Schools SLB is authorized to transfer donated days to another SLB in Alabama that is authorized and operating according to the provisions of Section 16-22-9, Code of Alabama, 1975, amended June 1999. Before days are transferred to another SLB, the policies and guidelines of receiving SLB must be on file with the DeKalb County School System SLB Committee.
10. An employee who works a second job must make such known to the committee. The physician must certify whether the employee is able to work second position while not working for the Board.
11. Any alleged abuse of CSL will be investigated by the SLB Committee. Any individual who disagrees with the decision of the SLB Committee may appeal the decision in writing for reconsideration to the SLB Committee. The Committee shall have the authority, but shall not be required, to put the issue to a vote of the full membership of the SLB. The decision of the SLB Committee shall be final and binding on all parties.
12. Unused CSL days may be used to repay SLB debt
13. An employee's return to work following CSL voids that catastrophic leave claim. If the employee becomes sick again and needs additional days, a new claim must be filed.

ACT 93-753, Section 16-22-9, Code of Alabama, 1975, as amended in July 1993.  
ACT 99-581, Section 16-22-9, Code of Alabama, 1975, as amended in June 1999.

**DEKALB COUNTY BOARD OF EDUCATION**  
**REQUEST FOR CATASTROPHIC LEAVE or FAMILY MEDICAL LEAVE**  
*(Employee must have exhausted all leave available.)*

\_\_\_\_\_  
EMPLOYEE'S NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SCHOOL

YES, \_\_\_\_\_  
I AM A MEMBER OF THE  
SICK LEAVE BANK.

\_\_\_\_\_  
POSITION

NO, \_\_\_\_\_  
I AM NOT A MEMBER OF  
THE SICK LEAVE BANK.

.....  
**FAMILY MEDICAL LEAVE CLAIM**

Family Medical Leave begins when all available leave has been exhausted, upon approval of this claim by the DeKalb Co. Board of Education.

EFFECTIVE DATE OF REQUEST – START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

REASON FOR LEAVE: \_\_\_\_\_

SIGNATURE (Employee or his/her designee\*) \_\_\_\_\_

.....  
**CATASTROPHIC LEAVE CLAIM**

NUMBER OF DAYS REQUESTED FOR CATASTROPHIC SICK LEAVE \_\_\_\_\_

NAME OF EMPLOYEE/S (if known) WHO WILL BE DONATING \_\_\_\_\_ DAYS

\_\_\_\_\_  
EMPLOYEE/S: \_\_\_\_\_ SCHOOL/LOCATION OF THE DONATING

*Note: Proper form/s must be filled in and signed by donating employee/s and submitted to Superintendent within fifteen (15) days of filing claim.*

EFFECTIVE DATE OF REQUEST – START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

REASON FOR LEAVE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (Employee or his/her designee\*) \_\_\_\_\_

**Employee and Physician's statements are to be attached to this claim form giving details of illness, showing the need for Family Medical Leave, or stating that it is catastrophic, and covering the above dates for leave.**

**PHYSICIAN'S REPORT**

NAME OF PATIENT \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DIAGNOSIS AND CONCURRENT CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE PATIENT CONSULTED PHYSICIAN FOR THIS CONDITION. \_\_\_\_\_

IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? \_\_\_\_\_

WHEN WILL THIS PATIENT BE ABLE TO RETURN TO WORK? \_\_\_\_\_

\_\_\_\_\_

If not known at this time, give estimated date.)

Complete this question for Catastrophic Sick Leave Applicants only.

DO YOU DETERMINE THIS ILLNESS TO BE OF A CATASTROPHIC NATURE? \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Typed Name of Physician (*Important*)

DATE: \_\_\_\_\_

*Attach additional information as necessary to substantiate claim. Physician may substitute or attach another report, if details are sufficient to meet this request.*

*Comments:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE'S MEDICAL CLAIM**

**EMPLOYEE'S STATEMENT**

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

POSITION \_\_\_\_\_

NATURE OF ILLNESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF HOSPITAL, ( *if applicable*) \_\_\_\_\_

DATE ADMITTED \_\_\_\_\_ DISCHARGED \_\_\_\_\_

I hereby certify that the above statements are correct and hereby authorize my physician and hospital to release the necessary information pertaining to this claim.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

.....  
This is to certify that the above claim has been brought to my attention:

\_\_\_\_\_ A request has been made to employees of the school and/or system to donate sick leave days to the above employee.

\_\_\_\_\_ The employee is requesting Family Medical Leave, if unable to obtain any donated sick leave.

\_\_\_\_\_  
Signature of Principal

*(The physician's statement (on the reverse side) is to be completed and turned in as soon as possible.)*