



THE SCHOOLS of Guntersville

Guntersville City Board of Education Donating days to employee suffering Catastrophic Illness/Injury

Donating Employee Name (Please Print)

Donating Employee Social Security #

Receiving Employee name (Please Print)

Days Donated (Increments of 5)

I, _____, wish to donate _____ days (may not exceed 30 days) of my sick leave to the above named employee under the provision of the Guntersville City School System's Catastrophic Sick Leave Policy. I am a participating member of the system Sick Leave Bank (SLB). I understand that I must maintain a minimum of ¹ 20 days in my personal sick leave account in order to make this donation. I also fully understand that these days donated will not be paid back to me, unless the participating employee does not use all days received from donors in which case, the days me be returned to the donors on a pro-rata basis.

Signature of Employee

Date

Verification by Payroll Clerk

This employee has ____ days in his/her personal sick leave account.
This employee has ____ days in SLB.

Signature of Payroll Clerk

Date

¹• If receiving employee is your spouse, the 20 day requirement in personal sick leave account does not apply.