

Phenix City Public Schools
P.O. Box 460
Phenix City, AL 36868-0460
(334) 298-0534 / fax (334) 298-2674

Catastrophic Sick Leave Transfer Authorization

Donating Employee Information	
1	Donating Employee Name
2	Social Security Number
3	Address
4	Phone Number
5	School or Location
6	Number of Sick Days to be Donated (not to exceed 30)
7	<p>Certification of Donating Employee</p> <p>I certify that I hereby donate the above number of my sick leave days to the beneficiary employee listed on the back. Phenix City Public Schools has my permission to transfer the indicated number of sick leave days to the beneficiary for his/her use to a catastrophic illness/injury as defined by Act 93-753. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me.</p> <p>_____</p> <p>Donating Employee Signature _____ Date</p> <p>_____</p> <p>Witness Signature _____ Date</p>
8	<p>Certification of Donating Employer:</p> <p>I hereby certify that the donating employee's information listed above is correct to the best of my knowledge.</p> <p>_____</p> <p>Authorized Signature _____ Title _____ Date</p>

Beneficiary Employee Information	
9	Beneficiary Employee Information
10	Social Security Number
11	School or Location
12	Number of Sick Days to be Received (not to exceed 30)
13	<p>Receipt of Beneficiary Employer:</p> <p>The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee and a copy of this form has been given to said employee.</p> <hr/> <p>Authorized Signature _____ Title _____ Date _____</p>

Instructions for Form

1. The **Donating Employee** originates the form and competes **items 1-7** and **items 9-12** and gives form to his/her employer
2. It is suggested that the donating employee contact the beneficiary employer by telephone to verify the following:
 - The beneficiary employer has on file a certified statement from a licensed physician stating that the beneficiary employee has a catastrophic illness.
 - The beneficiary employer has a sick leave bank.
3. The **Donating Employer** completes **item 8** and forward to Beneficiary Employer.
4. The **Beneficiary Employer** completes **item 13** and forwards a copy to the following:
 - Donating Employee
 - Beneficiary Employee
 - Donating Employer