Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US

DONATION OF MAJOR MEDICAL LEAVE

As per school board policy GBRI

PART 1 OF 3

"Catastrophic injury or illness" means a life-threatening injury or illness of an employee or a member of an employee's immediate family that totally in capacitates the employee from work, as verified by a licensed physician, and forces the employee to exhaust all leave form earned by that employee, resulting in the loss Of compensation from that employee. Conditions that are short-term in nature, including, but not limited to, common illnesses such as influenza and the measles, and common in juries, are not catastrophic. Chronic illnesses or injuries such as cancer or major surgery, that result in intermittent absences from work and that are long-term in nature and require long recuperation periods may be considered catastrophic.

"Immediate family" means spouse, parent, stepparent, sibling, child or stepchild.

To Be Completed by Recipient Employee:

Name_____ Location/Department_____

Beginning date of catastrophic injury or illness:_____

Anticipated date of return to work:_____

Comments:_____

_____

_____

Please note: Part 2—Physician's Certification Form ***must be attached to this form***. Leave may be donated only in the event that the employee has exhausted all applicable leave. The maximum amount of total donated leave days an employee may receive is sixty (60).

_____ _____
Employee's Signature Date

_____ _____
Leave Committee Date

_____ _____
Superintendent Date

Date of Board Approval:_____

Revised October 2026

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PHYISICIAN'S CERTIFICATION FORM

PART 2 OF 3

PART A: To Be Completed by the Employee Requesting Donation of Leave

_____ _____ _____

Employee's Printed Name Social Security Number Phone Number

_____

Location/Department

PART B: To Be Completed by the Patient's Physician

Instructions: The employee named in Part A has exhausted all leave and has applied to receive donations of leave. Please complete the information below for your patient.

Definition: "Catastrophic injury or illness "is defined as a life-threatening injury or illness of an employee or a member of an employee's immediate family (spouse, parent, step-parent, sibling, child or step-child) which totally incapacitates the employee from work, as verified by a licensed physician, and forces the employee to exhaust all leave time earned by that employee, resulting in the loss of compensation of the employee.

Conditions that are short-term in nature, including, but not limited to, common illnesses such as influenza and the measles, and common injuries, are not catastrophic. Chronic illnesses or injuries, such as cancer or major surgery, which result in intermittent absences from work and which are long-term in nature and require long recuperation periods, may be considered catastrophic.

1. In your opinion does the employee meet the "catastrophic injury or illness" definition above?
   YES NO (please circle one)
2. If the patient is an immediate family member of the employee, is the employee needed to care for the family member: YES NO (please circle one)
3. Date injury/illness began:
4. Describe the injury or illness and give Prognosis for Recovery:
5. Date the employee will be able to return to work:

Physician's Name and Address (Print):

Physician's Signature:	Date:

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DONATION OF MAJOR MEDICAL LEAVE
PART 3 of 3

To Be Completed By Donor Employee:
(An employee may not donate more than 50% of unused accumulated leave; employee must retain at least 7 days of personal leave.)

Employee that leave is to be donated to: _____

School or Department: _____

Number of days to be donated: _____

_____
Printed Name of Donating Employee

_____
Signature of Donating Employee

_____
Date

To Be Completed By HR PERSONNEL:

Donation of Leave Approved: Yes _____ No _____

_____ _____
Signature of HR Department Personnel Date