

CATASTROPHIC SICK LEAVE TRANSFER FORM

Section 16-22-9 of the Code of Alabama 1975 contains the following provisions for donation of sick leave days by members of sick leave banks:

(a)(1) **CATASTROPHIC ILLNESS** *Any illness, injury, or pregnancy or medical condition related to childbirth, certified by a licensed physician which causes employee to be absent from work for an extended period of time.*

(h) *Catastrophic sick leave. Employees, at their discretion may donate a specific number of days to the sick section. A donating, employee shall not be required to donate a minimum number of catastrophic days to the sick leave bank. The recipient employee may use catastrophic sick leave days for himself or herself or for other covered persons as provided in Section 16-1-18.1. Before sick leave days for a catastrophic illness may be used by a recipient employee, the recipient employee shall have first exhausted all sick and personal leave. Donated days shall become available for use by the particular employee who shall not be required to repay the days. Any employee who donates sick Leave days to the sick leave bank for a particular employee . suffering from a catastrophic illness shall be clearly informed that the donated days are not to be recovered or returned to the donor, If the particular employee does not require all the days donated to the credit of the employee the days shall revert to the credit of those employees who donated the days in accordance with the guidelines adopted by the sick Leave bank committee No employee may donate more than 30 sick leave days, exclusive of the provisions of subsection (e), to the sick leave bank for the catastrophic sick leave of any one employee. A sick Leave bank is authorized to donate sick Leave days to another sick leave bank for use by a particular employee who is suffering a catastrophic illness. An employee must be a member of the sick Leave bank to donate or receive Catastrophic sick leave days.*

DONATING EMPLOYEE MUST COMPLETE THIS SECTION

Donating Employee's Name: _____ Social Security #: _____

Donating Employee's Agency: _____

Recipient Employee's Name: _____ Social Security #: _____

Recipient Employee's Agency: - _____

I certify that I have read and understand the above catastrophic sick leave provisions. I further certify that I am donating ____ sick leave days to the above recipient employee and authorize the transfer of my sick leave days by donating from employee's current sick leave balance.

Signature of Donating Employee: _____ Date: _____

Signature of Witness: _____ Date: _____

AUTHORIZATION OF SICK LEAVE TRANSFER BY THE DONATING EMPLOYEE'S AGENCY

I certify that the donating employee is a member of the sick leave bank and that the donating employee's current sick leave balance contains a sufficient number of days for transfer to the recipient employee by deduction from the donating employee's sick leave balance

Signature of Authorized Representative of the Donating Employee's Agency

Date

[SEND COMPLETED FORM TO THE RECIPIENT EMPLOYEE'S AGENCY]