THE ALABAMA STATE BOARD OF EDUCATION
THE TRANSFER OF CATASTROPHIC SICK LEAVE
DAYS FROM SICK LEAVE BANK TO SICK LEAVE BANK

Section 16-22-9 of the Code of Alabama 1975:

(a)(1) Catastrophic Illness. Any illness, injury, or pregnancy or medical condition related to childbirth, certified by a licensed physician which causes the 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 leave bank to be designated for a specific employee for use against a catastrophic illness as defined by 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 a particular employee does not require all of 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 allowing employees to deposit an equal number of days (not to exceed five) of his or her earned sick leave into the bank, to the sick leave bank for the 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: _____ Employee ID #: _____

Donating Employee's Institution: _____

Recipient Employee's Name: _____

Recipient Employee's Institution: _____

I certify that I have read and understand the above statement regarding catastrophic illness and catastrophic sick leave. I further certify that I am donating (number of) _____ sick leave days to the above recipient employee and authorize the transfer of the sick days as indicated:

_____ _____
Signature of Donating Employee Date

_____ _____
Witness Date

AUTHORIZED PERSONNEL OF DONATING EMPLOYEE'S INSTITUTION MUST COMPLETE THIS SECTION:

I certify that the donating employee's sick leave balance is accurate and that the number of sick leave days being donated are authorized to be transferred to recipient employee. Completed form must be forwarded to authorized personnel of the recipient employee's institution.

_____ _____
Signature of Authorized Representative of Donating Employee's Institution Date