

**CATASTROPHIC SICK LEAVE DONATION AUTHORIZATION FORM  
LANETT CITY BOARD OF EDUCATION**

**Section I: DONATING EMPLOYEE INFORMATION**

Name of Employee wishing to donate days: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Site Phone Number \_\_\_\_\_  
Employer Address: \_\_\_\_\_

.....  
**Section II: BENEFICIARY EMPLOYEE INFORMATION**

Name of Employee receiving days: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Site Phone Number \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Note: The beneficiary employee must be a member of the LCBOE SLB or a member of the sick leave bank in the public school system where he/she is employed.

.....  
**Section III: NUMBER OF DAYS DONATED**

I certify that I hereby donated \_\_\_\_\_ days of my regular state sick leave days to the beneficiary employee whose name is listed above in Section II. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his/her use due to catastrophic illness/injury as defined by The Code of Alabama 16-22-9. I understand that my accumulated sick leave balance will be reduced by the specified number of days I have authorized to be transferred and that such days will not be returned to me.

Donating Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

.....  
**Section IV: SCHOOL DISTRICT AUTHORIZATION**

I hereby certify that the donating employee is employed by the Lanett City Board of Education and has an accumulated balance of sick leave days equal to or greater than the number of days authorized for transfer. I further certify that the provisions of the SLB have been followed in authorization of this transfer of sick leave days and further certify that the donating employee is a member of the SLB.

Superintendent's Signature: \_\_\_\_\_ Date \_\_\_\_\_