



CATASTROPHIC LEAVE

(Sick Leave Bank Members Only)

EMPLOYEE NAME: _____ **DATE:** _____

Guidelines

1. An employee must be a member of the Sick Leave Bank to request Catastrophic Leave.
2. Complete this form and return it to the Human Resources Department at the Chilton County Board of Education, to be presented for Board approval.
3. The employee who is to receive sick leave days for a catastrophic illness, shall be a member of the Sick Leave Bank and must exhaust all sick, personal, and vacation days before borrowing sick days.

Employee Information

Employee Name: _____ Soc. Sec. #: _____
 Address: _____ Phone: _____
 _____ Email: _____
 School/Location: _____ Position: _____

Attending Physician Information

Physician Name: _____
 Physician Address: _____
 Business Phone: _____
 Physician Statement: _____

Based on my professional opinion, I estimate that the person whose name is shown above will need to be away from his/her employment for _____ days or weeks (circle one)

Physician Signature Date

*Additional Physician documentation may be attached.

Description of Illness/Injury (completed by employee requesting leave)

A description of my illness/injury is as follows:

Employee Signature Date