CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

(PLEASE PRINT OR TYPE FORM)

DONATING Employee Information

1. Employee Name	
2. Employee Address	
3. Employee Telephone	
4. Employer	

BENEFICIARY Employee Information

5. Employee Name	
6. Employer	

DAYS to Be Donated to Beneficiary (not to exceed 30 days)

7. Number of days to be donated	The donated days may be used to repay days borrowed from the Sick Leave Bank (Please circle one) ___ Yes ___ No

Certification of DONATING Employee

8. I certify that I hereby donate the above noted number of my sick leaves days to the beneficiary employee listed above. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his or her use due to a catastrophic illness/injury as defined by Alabama law. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be return to me.	
Donating Employee's Signature	Date
Witness	Date

Certification of DONATING Employer

9. I hereby certify that the donating employee's information listed above is correct to the best of my knowledge	
Authorized Signature	Date
Title	

Receipt of BENEFICIARY Employer

10. The above noted number of sick leave days has been credited to the sick leave account of the beneficiary employee. (Please provide a copy of this form to the beneficiary employee)	
Authorized Signature	Date
Title	