



**BALDWIN COUNTY BOARD OF EDUCATION  
CATASTROPHIC SICK LEAVE REQUEST**

Catastrophic Sick Leave is approved only when an employee is away from his/her duties for a period of 30 consecutive calendar days as verified by a physician on a Medical Verification of Catastrophic Illness form.

With this request you must provide a **Medical Verification of Catastrophic Illness** completed by a physician. If approved, you must obtain and submit completed Catastrophic Sick Leave Transfer Authorization forms reflecting donated leave.

**Note:** If your request for catastrophic leave is approved, donated days will not be applied until your available sick leave, to include 10 days borrowed from the Sick Leave Bank, your two state allocated personal leave days, and annual days if applicable, have been used. These days will automatically be applied to your absences before donated sick leave will be applied.

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*(Please type or print legibly)*

Name: \_\_\_\_\_ Social Security Number: \*\*\*-\*\*-\_\_\_\_\_

Employee Number: \_\_\_\_\_ Base School/Station: \_\_\_\_\_

Position: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I request approval of Catastrophic Sick Leave and application of donated sick leave days to my days absent from work. I understand that should I return earlier than the number of days donated, the remaining days will be returned to donors. I also understand that before I can receive donated days, any available sick leave, 10 days from the sick leave bank, my two state personal leave days, and any annual leave if applicable, will be used first.

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SIGNATURE OF EMPLOYEE REQUESTING LEAVE

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DATE

Send Completed Form to: Baldwin County Board of Education  
Attn: Human Resources Department/Catastrophic Leave Request  
2600-A North Hand Avenue  
Bay Minette, AL 36507  
eMail to: Amanda Barber/ abarber@bcbe.org

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*(For Payroll Office Use Only)*

Date Submitted to Sick Leave Bank Committee: \_\_\_\_\_

Sick Leave Bank Committee Recommends:  **Approval**  **Denial**

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Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By Payroll Specialist: \_\_\_\_\_ Date: \_\_\_\_\_