

BALDWIN COUNTY BOARD OF EDUCATION CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

Donating Employee Information

Donor Employee Name: _____

Social Security Number: _____ Employee No. _____

Employee Address: _____

Employee Telephone: _____

Employer: _____

I authorize the transfer of _____ number of sick leave days (not to exceed 30 days) from my accumulated sick leave to the beneficiary named below. 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 as defined by Act 95-386 which amends Section 16-22-9 of the Code of Alabama. I understand these days will not be returned to me unless beneficiary does not use them.

Donor Employee's Signature

Date

Beneficiary Employee Information

Beneficiary Employee Name: _____

Social Security Number: _____

Beneficiary Employee's Employer: _____

Donor's Employer Authorization:

I certify the donor employee named above has sufficient sick leave days to donate the number of days indicated and that the information listed above is correct to the best of my knowledge.

Authorized Signature: _____

Title: _____ Date: _____

Receipt of Beneficiary Employer:

The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee. (Please give a copy of this form to the beneficiary employee.)

Authorized Signature: _____ Date: _____

**PLEASE SEND FORM TO: BALDWIN COUNTY BOARD OF EDUCATION
PAYROLL DEPARTMENT – SICK LEAVE
2600-A NORTH HAND AVENUE
BAY MINETTE, AL 36507**