

# BALDWIN COUNTY BOARD OF EDUCATION CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

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**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

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**Beneficiary Employee Information**

**Beneficiary Employee Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Beneficiary Employee's Employer:** \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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