



Scottsboro City Schools

Sick Leave Bank – Request for Catastrophic Leave

I. Directions

Complete this participation form and submit it to the Payroll Clerk.

II. Employee's Printed Name _____

III. Last 4 Digits of SSN _____

IV. School _____

V. Position _____

VI. Supervisor's Name _____

VII. Request for Catastrophic Leave

I request a donation of _____ days from the members of the sick leave bank, to take effect for the time period of _____ through _____. I certify that I have already borrowed and used the maximum of 15 days from the sick leave bank or that I will have exhausted all borrowed days during the period stated above. I understand that I must attach a letter signed by a licensed physician that verifies the medical problem for which I am being treated, as well as the specific time needed away from work as part of that treatment. I understand that any unused excess days that I receive will revert back to the donors on a prorated basis.

VIII. Employee's Signature _____

IX. Date _____