

**CATASTROPHIC SICK LEAVE APPROVAL FORM
FULL-TIME, CERTIFIED PERSONNEL**

**WASHINGTON COUNTY BOARD OF EDUCATION
CHATOM, ALABAMA**

Section I: Employee Information

Name of Employee _____

Home Address _____

Home Address _____

Social Security No. _____ School/Work Site Phone No. _____

Note: An employee must be a member of the Washington County School Board SLB and receive approval from the Board prior to participating in the catastrophic sick leave plan.

Section II: Description of Illness/Injury

Note: This section should be completed by the employee requesting to be granted approval for catastrophic sick leave.

A description of my illness/injury is as follows: _____

Employee's Signature

Date

Section III: Attending Physician's Statement (Required)

Note: A statement from the attending physician attesting to the need for the employee requesting catastrophic leave to be placed on extended leave.

Name of Physician _____

Business Address _____

Business Address _____

Business Phone No. _____

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