

CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

Donating Employee Information

1. Employee Name:
2. Social Security Number:
3. Address:
4. Employee Telephone #:
5. Employer:

Beneficiary Employee Information

6. Receiving Employee Name:
7. Social Security Number:
8. Beneficiary's Employer:

Days to be Donated to Beneficiary (Not to Exceed 30)

9. Total Number of Days to be donated:
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Certification of Donating Employee

10. I certify that I hereby donate the above number of my sick leave days to the beneficiary employee listed above. 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/injury as defined by Act 93-753. It is my understanding that my sick leave balance will be reduced by the specified number of days I have authorized and that the donated days will not be returned to me unless the beneficiary does not use them. An employee must be a member of the sick leave bank to donate or receive catastrophic sick leave days.	
Donating employee's signature:	Date:
Witness:	Date:

Certification of Donating Employer

11. I hereby certify that the donating employee's information listed above is correct to the best of my knowledge.	
Authorized signature:	Date:
Title:	

Receipt of Beneficiary Employer

12. The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee.	
Authorized signature:	Date:
Title:	