

# CATASTROPHIC SICK LEAVE APPROVAL FORM

## MARION COUNTY BOARD OF EDUCATION Hamilton, Alabama

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### Section I: Employee Information

Name of Employee \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
S. S. No. \_\_\_\_\_ Schl/Work Site Phone No. \_\_\_\_\_

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

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### 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

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### 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 Number \_\_\_\_\_  
Physician's Statement (may be attached or written) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on my professional opinion, I estimate that the person whose name is shown in Section I above will need to be away from his/her employment for \_\_\_\_\_ days, weeks (circle one).

\_\_\_\_\_  
Physician's Signature Date

\*\*\*\*\*Section

### IV: Board Action

Recommended by Superintendent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Approved by Board: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

**Directions: Complete and return this form to the Superintendent's Office.**