

CATASTROPHIC SICK LEAVE REQUEST FORM
ATTENDING PHYSICIAN STATEMENT
SYLACAUGA CITY SCHOOL SYSTEM
Sylacauga, Alabama

Section 16-22-9, **The Code of Alabama** gives the Sylacauga City Board of Education the authority to maintain a sick leave bank for its employees. It also establishes provisions for "catastrophic sick leave" which is defined in Section 1.(a)(3) as follows:

"Any illness or injury so certified by a licensed physician which causes the employee to be absent from work for an extended period of time.

Please complete the following information:

EMPLOYEE'S NAME _____

SOCIAL SECURITY NUMBER _____

NAME OF INJURED/ILL PERSON (IF OTHER THAN EMPLOYEE) _____

DESCRIPTION OF CURRENT INJURY/ILLNESS _____

PHYSICIAN'S RECOMMENDATION _____

DATE INDIVIDUAL FIRST SEEN BY PHYSICIAN _____

ESTIMATED LENGTH OF ABSENCE FROM WORK IN DAYS _____

I certify that the information above concerning the named employee of the Sylacauga City Board of Education is correct and that the related injury/illness meets the criteria of catastrophic sick leave as defined above and interpreted by me.

PLEASE TYPE OR PRINT PHYSICIAN'S NAME AND ADDRESS:

SIGNATURE OF ATTENDING PHYSICIAN

RECOMMENDED BY SUPERINTENDENT: YES _____ NO _____ DATE _____

Superintendent

APPROVED BY BOARD: YES _____ NO _____ DATE _____

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