

CATASTROPHIC SICK LEAVE REQUEST/APPROVAL FORM
SYLACAUGA CITY BOARD OF EDUCATION
Sylacauga, Alabama

SECTION 1: EMPLOYEE INFORMATION

NAME OF EMPLOYEE _____

HOME ADDRESS _____

SOCIAL SECURITY NUMBER _____

SCHOOL/WORK SITE PHONE NUMBER _____

NOTE: An employee must be a member of the Sylacauga City School System 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: _____

SIGNATURE _____
EMPLOYEE DATE

APPROVED _____
SUPERINTENDENT DATE