



Scottsboro City Schools Sick Leave Bank – Donor Form

I. Directions

Complete this donor form and submit it to the Payroll Clerk.

II. Donor's Printed Name _____

III. Recipient's Printed Name _____

IV. Statement

I certify that I have read and understand the Sick Leave Bank procedures regarding catastrophic illness and catastrophic sick leave. I further certify that I am donating _____ sick leave days to the above recipient employee and authorize the transfer of the sick leave days as indicated.

V. Donor's Signature _____

VI. Date _____

VII. Payroll Clerk Signature _____