

BREWTON-PARKER COLLEGE

CATASTROPHIC SICK LEAVE **CONTRIBUTION FORM**

I wish to contribute voluntarily _____ day(s) of my accumulated sick leave to the Catastrophic Sick Leave Pool.

Administration and staff may contribute two days of sick leave to the EMERGENCY LEAVE POOL during each fiscal year. (Refer to policy 3.1.8)

DATE: _____ SIGNATURE: _____