

# SICK LEAVE BANK LOAN APPLICATION FORM

## TROY CITY BOARD OF EDUCATION

Troy, Alabama

\*\*\*\*\*

Loans from the Sick Leave Banks shall not be awarded until all accumulated sick leave days in the applicant's personal account have been exhausted. All loans are subject to the approval of the Sick Leave Bank Committee. Forms should be returned to the payroll department at the Central Office.

(PLEASE PRINT)

Employee's Name: \_\_\_\_\_ SS Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

School/Work Site: \_\_\_\_\_ Position: \_\_\_\_\_

Check One: ☐ 9 month contract      ☐ 10 month contract  
☐ 11 month contract      ☐ 12 month contract

I hereby request a loan of days from the Sick Leave Bank as follows:

Total Number of Days Being Requested: \_\_\_\_\_

Effective Date(s) of Loan: Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Applicant may attach a separate sheet with additional information, if desired. Please be aware that all loans from the Sick Leave Bank must be repaid with the next earned sick leave days to the employee, or salary deductions will be made in accordance with SLB Committee guidelines.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

DO NOT WRITE IN THIS SPACE / FOR SLB COMMITTEE USE ONLY

☐ Original Request      Number of Leave Days Awarded: \_\_\_\_\_

☐ Request for Extension of Loan

Signature of SLB Committee Chairperson \_\_\_\_\_ Date of Approval \_\_\_\_\_

☐ Copy Sent To Payroll Office      ☐ Copy Sent to Employee