

Selma City Schools

Authorization for Sick Leave Bank Participation

(Please Print or Type in Designated areas only)

(Employee's Name)

(Social Security Number)

(School)

(Position)

Number of days requested from the sick bank

Effective Dates of the Request

Start date

End Date

Reason for Leave

Employee Signature

Do Not Write Below This Area For Use by SLB Committee Only

Check Selections/Date when Implemented

Date when Implemented

Copy Sent to Payroll Office _____

Original Request _____

Copy Sent to Applicant _____

Days Awarded by SLB _____

Copy Sent to Sick Leave Committee _____

Request for Extension of Loan _____

(Signature of SLB Committee Chairperson)

(Date)

Note: This information must be submitted to the Payroll Office