

Selma City Schools

Sick Leave Bank Application for Loan

(Please Print or Type)

Days from the Sick Leave Bank shall not be awarded until all accumulated sick, personal, and vacation leave days have been exhausted. All loans are subject to the approval of the Sick Leave Bank Committee. The **original Physician Certification of Catastrophic Illness or Injury** form for the requested dates must be attached to this form.

Employee Name	Social Security Number

School	Position

No. 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)**

Check Selections	Date Implemented	Date Implemented	Date Implemented
___ Copy to Payroll Office		___ Original Request	
___ Copy to Applicant		___ Days Awarded by SLB	
___ Copy to SLB Committee		___ Request for Loan Extension	

_____ (Signature of SLB Committee Chair) _____ (Date)