

**ALEXANDER CITY SCHOOL SYSTEM**

**SICK LEAVE BANK REQUEST FORM**

NAME: \_\_\_\_\_

(please type or print)

SCHOOL: \_\_\_\_\_

Number of days requested from the bank: \_\_\_\_\_

Date(s) absent: \_\_\_\_\_

**REASON FOR REQUEST:**

- \_\_\_\_\_ 1. Personal illness
- \_\_\_\_\_ 2. Bodily injury which incapacitates the employee
- \_\_\_\_\_ 3. Attendance upon an ill member of the immediate family (husband, wife, father, mother, son, daughter, brother, sister) of the employee, or an individual with a close personal tie.
- \_\_\_\_\_ 4. Death in the immediate family of the employee (husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, granddaughter, grandson, grandfather, grandmother, uncle and aunt)
- \_\_\_\_\_ 5. Death, injury, or sickness of another person who has unusually strong personal ties to the employee.

**NOTE: After requesting and receiving 5 borrowed days in the current school year, documentation is required for absences.**

\_\_\_\_\_  
Signature of Applicant                      Social Security No.                      Date

Days awarded by Bank: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sick Leave Bank Chairperson                      Date

**SUBMIT TO PAYROLL OFFICE BY PAYROLL DUE DATE EACH MONTH.  
DAYS FROM THE SICK LEAVE BANK SHALL NOT BE AWARDED UNTIL ALL  
PERSONAL SICK LEAVE AND PERSONAL LEAVE, WITH NO DOCKING, HAVE BEEN  
EXHAUSTED**