

CLARKE COUNTY BOARD OF EDUCATION

APPLICATION FOR LOAN FROM THE SICK LEAVE BANK

FULL-TIME PERSONNEL

NOTE: Days from the Sick Leave Bank shall not be awarded until all earned sick, vacation and personal leave days have been exhausted. All loans exceeding your original five (5) days are subject to approval of the Sick Leave Bank Committee.

(Please Print)

Employee's Name	School or Work Site
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Number of days requested from the Sick Leave Bank (not to exceed 15 days) _____

Effective Date of Request _____

Reason for leave _____

Employee should send this form to the Sick Leave Bank Chairperson by the 10th of the month.

 THIS SPACE RESERVED FOR SICK LEAVE BANK COMMITTEE ONLY

____ **Loan Approved**

____ **Loan Not Approved**

____ **Number of Days Approved by Sick Leave Bank Committee**

Signature of Sick Leave Bank Chairperson

Date

 Sick Leave Bank Committee Chairperson should now send this form to Central Office Payroll Department.

Central Office