

**COVINGTON COUNTY SCHOOLS SICK LEAVE BANK**  
**APPLICATION FOR LOAN**  
(Please Print)

\_\_\_\_\_  
**Member's Name**

\_\_\_\_\_  
**Employee Number**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Position**

***SECTION I: Request For Loan of Sick Leave Days***

Sick leave days from the Sick Leave Bank shall not be awarded until all accumulated sick leave days in the member's personal account have been exhausted. All loans are subject to the approval of the Sick Leave Bank.

Total number of sick leave days requested from the SLB \_\_\_\_\_  
Current Account Balance \_\_\_\_\_  
Minus Total Days Requested \_\_\_\_\_  
New Account Balance If Loan Approved \_\_\_\_\_

Dates sick leave requested will be used:

1. Consecutive dates: From: \_\_\_\_\_ To: \_\_\_\_\_
2. Non-consecutive dates: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Reason for sick leave:  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for sick leave supported by a doctor's statement? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***SECTION II: For Use By SLB Committee Only – Do Not Write Below This Line***

Payroll Cutoff Date: \_\_\_\_\_ All days requested are after payroll cutoff date \_\_\_\_ Yes \_\_\_\_ No  
New balance from above is Positive \_\_\_\_ Yes \_\_\_\_ No  
Number of Sick Leave days awarded \_\_\_\_\_

Approved By:

\_\_\_\_\_  
SLB Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
SLB Committee Chairperson

Copy Sent To: \_\_\_\_ Payroll Officer \_\_\_\_ Applicant \_\_\_\_ SLB Committee Member \_\_\_\_ SLB Committee Chairperson