

ENTERPRISE CITY SCHOOLS
SICK LEAVE BANK LOAN APPLICATION

Applicant's Name _____ School _____

Number of days requested from Sick Leave Bank _____ Today's Date _____

Date(s) of Absence _____

Reason(s) for request:

Personal Illness (Specify): _____

Bodily Injury (Specify): _____

Attendance upon an ill member of the immediate family of the employee (Specify): husband, wife, father, mother, son, daughter, brother, sister

Death in the family of the employee (Specify): husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, nephew, niece, granddaughter, grandson, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandfather, grandmother, uncle or aunt

Death, injury or sickness of another person who has unusually strong personal ties to the employee (Specify): _____

Signature of Applicant _____

I am aware that this employee is requesting to borrow sick leave from the sick leave bank

Principal's Signature

Date

_____ Request Approved

_____ Request Denied

Reason for denial: _____

Signature of Sick Leave Bank Committee: _____

NOTE: This form is to be submitted through your principal to the Sick Leave Bank Accountant at the Central Office. Days from the sick leave bank will not be awarded until all non-banked sick leave days have been exhausted. If this is the third request to borrow sick days within the last twelve (12) months, please attach detailed documentation of need.