



Central Alabama Community College

SICK LEAVE BANK APPLICATION FOR LOAN

Days from the sick leave bank shall not be awarded until all accumulated sick leave days in the personal account have been exhausted. All loans are subject to the approval of the sick leave bank committee.

Employee Name: (please print) _____

Social Security No.: _____ College: _____

Name of Immediate Supervisor: _____

Number of days requested from the sick leave bank: _____

Effective date of request: Starting Date _____ / Ending Date _____

Reason for leave: _____

FOR USE BY THE SLB COMMITTEE

____ Original Request ____ Request of Extension of Loan ____ Days Awarded

Signature of SLB Committee Chairperson _____	Date _____
<input type="checkbox"/> Copy sent to Business Office/Payroll	<input type="checkbox"/> Copy sent to Applicant

Send this application to:
 Chairperson
 Sick Leave Bank Committee
 _____ College
 Business Office