

(April 2019)

LURLEEN B. WALLACE COMMUNITY COLLEGE

APPLICATION FOR LOAN

DAYS FROM THE SICK LEAVE BANK SHALL NOT BE AWARDED UNTIL ALL ACCUMULATED LEAVE DAYS IN THE PERSONAL ACCOUNT HAVE BEEN EXHAUSTED. ALL LOANS ARE SUBJECT TO THE APPROVAL OF THE SICK LEAVE BANK COMMITTEE.

PLEASE PRINT

EMPLOYEE'S NAME

EMPLOYEE NUMBER

INSTITUTION

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

Days Awarded by SLB

Request for Extension of Loan

Signature of SLB Committee Chairperson

Date

Copy sent to Business Office **Copy sent to Applicant**

Send this application to:
Chairperson
Sick Leave Bank Committee

(Institution Name)
Business Office