

**ST. CLAIR COUNTY BOARD OF EDUCATION  
APPLICATION FOR LOAN FROM SICK LEAVE BANK**

**STEPS 1-5  
ARE TO BE COMPLETED BY THE BORROWING EMPLOYEE:**

- 1. Name: \_\_\_\_\_
- 2. Number of days requested from the Sick Leave Bank: \_\_\_\_\_
- 3. Days to be used beginning on the following date (00/00/00): \_\_\_\_\_
- 4. Do you owe the Sick Leave Bank any days: \_\_\_\_\_
- 5. Is this a request for extended sick leave from Sick Leave Bank? \_\_\_\_\_

\_\_\_\_\_  
Signature of Borrowing Employee

\_\_\_\_\_  
Date

*Application is made in compliance and shall be consistent with the Agreement between AEA and APSO and the appropriate Sick Leave Bank Guidelines. By signature above, the applicant certifies that he or she is familiar with the terms of the Agreement and the provisions of the Guidelines.*

**STEP 6 IS TO BE COMPLETED BY THE SICK LEAVE BANK CHAIRMAN**

- 6. Signature of Sick Leave Bank Chairperson (After accumulation of steps 1-5)

\_\_\_\_\_  
Signature of Sick Leave Bank Chairperson

\_\_\_\_\_  
Date