

**PHENIX CITY PUBLIC SCHOOLS
SICK LEAVE BANK**

APPLICATION FOR LOAN

Days from the sick Leave Bank shall not be awarded until all accumulated sick leave and personal leave days have been exhausted. All loans are subject to the approval of the Sick Leave Bank Committee.

Employee's Name

Social Security Number

School Location

Position

Number of days requested from the Sick Leave Bank _____

Effective Date of Request:

Starting Date: _____

Ending Date: _____

Reason for Leave: _____

I agree to repay any days borrowed from the Sick Leave Bank as stipulated in the Sick Leave Bank guidelines.



Signature of Employee

Date

**For use by SLB Committee
****Do not write in this area******

Approved:

Signature of SLB Committee Chairperson

Date