

HENRY COUNTY SICK LEAVE BANK

APPLICATION FOR CATASTROPHIC LEAVE OR LOAN

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

(EMPLOYEE'S NAME) (EMPLOYEE'S SIGNATURE)

(LOCATION) (SUPERVISOR SIGNATURE)

Number of days requested from the Sick Leave Bank: _____

Effective Date of Request:
Starting Date:_____ Ending Date:_____

Reason for leave:_____

(FOR USE BY SICK LEAVE BANK COMMITTEE ONLY)

_____ Approval of _____ days requested and awarded by Sick Leave Bank Committee

_____ Approval of _____ days extension of loan

SIGNATURE OF SICK LEAVE BANK CHAIRPERSON (DATE)

SIGNATURE OF SUPERINTENDENT (DATE)

(Application will be sent to SLB Committee and upon approval copies will be sent to the Payroll Office and to Applicant)