

**Department of Youth Services School District
Sick Leave Bank Participant
Application for Loan**

- *Days from the Sick Leave Bank shall not be awarded until all accumulated leave days have been exhausted.*
- *All loans are subject to the approval of the Sick Leave Bank Committee.*
- *The maximum number of hours/days that can be requested is 15 days/120 hours.*

Employee's Full Name _____ Date of Request _____

School/Campus Name _____

LEAVE REQUEST DATES

<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>	<u>Date</u>	<u>Hours</u>
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____

Total Hours Requested: _____

Reason for Leave _____

Signature of Employee

COMMITTEE'S DECISION

_____ Original Request _____ Request for Catastrophic Donated Days _____ Request for Extension of Loan

- APPROVED as requested
- APPROVED with modifications _____
- DENIED

Signature of Chairperson

- Copy to Payroll Accounting
- Copy to Human Resources
- Copy to Applicant
- School Administrator