

**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