## A Doctor's Statement MUST Be Attached To This Form

## Huntsville City Schools Sick Leave Bank Application For Loan

Days from the sick leave bank <u>shall</u> not be awarded until all accumulated sick leave days in the personal account have been exhausted. All Loans are Subject to the Approval of the Sick Leave Bank Committee.

## **Please Print**

Employee's Name		Social Security Number		
School or Center		Name of Immediate		
Supervisor		TAME OF EMPERIALE		
	ROM THE SICK LEAVE BANK			
EFFECTIVE DATE OF REQUEST:	STARTING DATE:	ENDING DATE:		
Reason for Leave:				
	For Use by SLB Co Do Not Write in T			
Number of Days awarded by S	SLB			
SIGNATURE OF SLB COMMITTEE CHAIRPERSON		<b>————————————————————————————————————</b>		
SEND THIS APPLICATION TO:	Chairperson Sick Leave Bank Committee			

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HEA OFFICE