



## APPLICATION FOR LOAN OF SICK LEAVE

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Are you a contributing member of the Sick Leave Bank? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Date that you enrolled in the Sick Leave Bank \_\_\_\_\_

Number of loan days requested? \_\_\_\_\_

Rationale for loan request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ Date

APPROVED: \_\_\_\_\_ YES

\_\_\_\_\_ NO

SIGNED: \_\_\_\_\_ Date