



**Bessemer Board of Education
Sick Leave Bank Donation
Request**



The Bessemer City Schools employee Sick Leave Bank shall operate under the provision of Alabama Act #84-321.

Name of Applicant (print) _____
(Same as on Social Security Card)

School or Department _____ **Social Security #** _____

Number of Days Requested from Sick Leave Bank

Effective Dates of Request: Beginning _____ **thru** _____ **Ending**

Reason for Request _____

I have familiarized myself with the terms and conditions outlined in the plan approved by the Board of Education.

Signature of Applicant or Designee

Date

The maximum number of borrowable days is ten days plus the three days originally deposited into the Sick Leave Bank (total of 13 days). All borrowed days must be repaid before another loan can be made. Employee must submit medical documentation and excuse(s) during time of request. **If an employee separates from the system and owes borrowed days, the value of the days will be deducted from the final paycheck.**

Please attach a physician statement to this form and return to the payroll department.

SICK LEAVE BANK USE ONLY

Number of days loaned by the Sick Leave Bank _____
(Note: Loans cannot begin until the day after the all earned sick leave days and personal days have been exhausted.)

Signature of Authorized Officer

Date