

**APPLICATION FOR LOAN FROM THE SICK LEAVE BANK
LANETT CITY BOARD OF EDUCATION**

NOTE: Days from the SLB shall not be awarded until all accumulated sick leave days in personal account have been exhausted. All loans are subject to the approval of the SLB committee.

Employee's Name: _____

School or Work Site: _____

Immediate Supervisor: _____

Number of days requested from the SLB: _____

For period Beginning: _____ Ending Date: _____

Reason for loan request:

This space reserved for Sick Bank Chairperson use.

_____ Original Request

_____ Request for extension of Loan

_____ Days Awarded by SLB

Chairperson Signature: _____ Date _____