

**APPLICATION FOR LOAN
BEVILL STATE COMMUNITY COLLEGE
SICK LEAVE BANK**

DAYS FROM THE SICK LEAVE BANK SHALL NOT BE AWARDED UNTIL ALL ACCUMULATED SICK AND PERSONAL 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 NAME

EMPLOYEE ID NUMBER

EMPLOYING INSTITUTION

NAME OF IMMEDIATE SUPERVISOR

EFFECTIVE DATES OF REQUEST:

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVE: _____

FOR USE BY THE SLB COMMITTEE

_____ Original Request Days Awarded by SLB _____

_____ Request For Extension of Loan Date _____

_____ Date _____

Signature of SLB Chair

COPY SENT TO BUSINESS OFFICE _____ COPY SENT TO APPLICANT _____