

MADISON COUNTY SCHOOLS

REQUEST TO BORROW LEAVE FROM SICK LEAVE BANK

Submit completed form to Chairperson or any member of Sick Leave Bank Committee

NAME OF MEMBER _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ **EMPLOYEE ID NUMBER** _____

WORK SITE _____

JOB TITLE _____

EMPLOYEE'S IMMEDIATE SUPERVISOR _____

NUMBER DAYS REQUESTED _____

REASON FOR REQUESTING LEAVE _____

I understand that the Madison County Board of Education will deduct the cost of the days from my final wages if my employment should terminate while I have a negative balance in the Sick Leave Bank.

I further understand that I will be responsible for reimbursing the Madison County Board of Education for the cost of these days in the event there is not sufficient wages in my escrow account to cover the cost of borrowed days.

SIGNATURE OF MEMBER

DATE

Sick Leave Bank Committee Use Only

Date Request received by Committee _____

This request has been reviewed by the Sick Leave Bank Committee and has been: Approved Denied

If denied, state reason: _____

SIGNATURE OF CHAIRPERSON

DATE