

COVINGTON COUNTY SCHOOLS SICK LEAVE BANK
APPLICATION FOR CATROSTROPHIC ILLNESS LEAVE
(Please Print)

Member's Name

Employee Number

School

Social Security Number

Position

To be eligible for catastrophic leave a member shall have used all of their personal sick leave days and the fifteen (15) sick leave days available from the Sick Leave Bank.

Total number of leave days requested _____

Dates sick leave requested will be used:

1. Consecutive dates: From: _____ To: _____

2. Non-consecutive dates: _____; _____; _____

Reason for sick leave:

Is this request for sick leave supported by a doctor's statement? ____ Yes ____ No

Signature

Date

For Use By SLB Committee Only – Do Not Write Below This Line

Payroll Cutoff Date: _____ All days requested are after payroll cutoff date ____ Yes ____ No

Number of leave days approved by SLB Committee _____

Number of leave days donated by members _____

Number of leave days granted by the SLB Committee _____

Number of leave days used by the beneficiary _____

Number of leave days returned to donors _____

Approved By:

Date

SLB Committee Chairperson

Copy Sent To: ____ Payroll Officer ____ Applicant ____ SLB Committee Member ____ SLB Committee Chairperson