

ALEXANDER CITY SCHOOL SYSTEM

SICK LEAVE BANK REQUEST FORM

NAME: _____

(please type or print)

SCHOOL: _____

Number of days requested from the bank: _____

Date(s) absent: _____

REASON FOR REQUEST:

- _____ 1. Personal illness
- _____ 2. Bodily injury which incapacitates the employee
- _____ 3. Attendance upon an ill member of the immediate family (husband, wife, father, mother, son, daughter, brother, sister) of the employee, or an individual with a close personal tie.
- _____ 4. Death in the immediate family of the employee (husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, granddaughter, grandson, grandfather, grandmother, uncle and aunt)
- _____ 5. Death, injury, or sickness of another person who has unusually strong personal ties to the employee.

NOTE: After requesting and receiving 5 borrowed days in the current school year, documentation is required for absences.

Signature of Applicant Social Security No. Date

Days awarded by Bank: _____

Signature of Sick Leave Bank Chairperson Date

**SUBMIT TO PAYROLL OFFICE BY PAYROLL DUE DATE EACH MONTH.
DAYS FROM THE SICK LEAVE BANK SHALL NOT BE AWARDED UNTIL ALL
PERSONAL SICK LEAVE AND PERSONAL LEAVE, WITH NO DOCKING, HAVE BEEN
EXHAUSTED**