

SICK LEAVE BANK LOAN FORM
WINSTON COUNTY BOARD OF EDUCATION
DOUBLE SPRINGS, ALABAMA

Employee Name: _____ Social Security # ____/____/____

Please Print

Name of School/Work Site: _____

Position: _____

I hereby request _____ day(s) to be borrowed from the () Certified () Non-Certified

Sick Leave Bank for the _____ payroll period.

EMPLOYEE SIGNATURE

DATE