

**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