



425 Yoctangee Pkwy. Chillicothe, OH 45601
Phone: 740-775-4250

SICK LEAVE BANK APPLICATION TO BORROW

I am a certified staff member who has contributed to the Certified Sick Leave Bank and I am submitting my official request to borrow from said bank.

Employee Name (Print) _____ Employee ID # _____

I am applying to borrow _____ day(s) from the district sick leave bank to be used for my PERSONAL ILLNESS as follows:

Estimated duration of illness:

Explanation of illness: _____

ATTACHED IS MY PHYSISIAN'S STATEMENT REGARDING ABOVE SAID ILLNESS.

I have applied to the Superintendent for an advance against my unearned sick leave and was advanced _____ day(s) of my sick leave. This advance is in lieu of the one and one-fourth (1¼) days of sick leave accrued for each month of service.

I agree to repay days borrowed from the sick leave bank at the rate of fifty percent (50%) of my accumulated sick leave at the end of the current salary contract year (August 31st). Any remaining days still owed to the sick leave bank will be repaid to the bank from future contract years at the same fifty percent (50%) rate. Upon leaving employment, I shall be responsible for reimbursing the bank the remaining debt, up to one hundred percent (100%) of my accumulated sick leave. If I am unable to reimburse the bank upon termination of employment, excluding death or Reduction in Force, my final paycheck will reflect the necessary deduction or the district will bill me for the balance owed.

Employee Signature _____ Date _____

The above named certified staff member has been approved by the Certified Sick Leave Bank Committee to borrow _____ day(s) from the Certified Sick Leave Bank.

Committee Chairman _____ Date _____

Superintendent/Designee _____ Date _____

_____ Approved Form to Payroll Department

_____ Approved Form to Sick Leave Bank Committee

_____ Approved Form to Borrower