

**APPLICATION FOR LOAN OF SICK LEAVE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Are you a contributing member of the Sick Leave Bank?  Yes  
 No

Number of loan days requested? \_\_\_\_\_

Rationale for loan request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_  
Date

APPROVED:  YES  
 NO

SIGNED: \_\_\_\_\_  
Date