

GADSDEN STATE COMMUNITY COLLEGE

APPLICATION FOR LOAN

Days from the Sick Leave Bank shall not be awarded until all accrued and compensatory leave time in the personal account has been exhausted. All loans are subject to the approval of the Sick Leave Bank Committee.

PLEASE PRINT

EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

NAME OF IMMEDIATE SUPERVISOR

Number of Days Requested from the Sick Leave Bank

Effective Date of Request:

Starting Date: Ending Date:

Reason for Leave:

Original Request Days Awarded by SLB

Request for Extension of Loan

Signature of Sick Leave Bank Committee Chairperson Date

Copy Sent to Payroll Office Copy Sent to Applicant

Send this application to:

Chairperson, Sick Leave Bank Committee
in care of
Gadsden State Community College Payroll Office

CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

DONATING Employee Information (PLEASE PRINT OR TYPE FORM)

1. Employee Name:	
2. Employee Address:	
3. Employee Telephone(s):	
4. Employer:	

BENEFICIARY Employee Information

5. Employee Name:	
6. Employer:	

Days to be Donated to Beneficiary (not to exceed 30 days)

7. Number of days to be donated:	The donated days may be used to repay days borrowed from the Sick Leave Bank. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Certification of DONATING Employee

8. I certify that I hereby donate the above noted number of my sick leave days to the beneficiary employee listed above. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his or her use due to a catastrophic illness/injury as defined by Act 93-753. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me.	
Donating Employee's Signature:	Date:
Witness:	Date:

Certification of DONATING Employer

9. I hereby certify that the donating employee's information listed above is correct to the best of my knowledge.	
Authorized Signature:	Date:
Title:	

Receipt of BENEFICIARY Employer

10. The above noted number of sick leave days has been credited to the sick leave account of the beneficiary employee. (Please give a copy of this form to the beneficiary employee.)	
Authorized Signature:	Date:
Title:	