

**MARION MILITARY INSTITUTE
SICK LEAVE BANK
APPLICATION FOR LOAN**

DAYS FROM THE SICK LEAVE BANK SHALL NOT BE AWARDED UNTIL ALL ACCUMULATED SICK LEAVE DAYS IN THE PERSONAL ACCOUNT HAVE BEEN EXHAUSTED. ALL LOANS ARE SUBJECT TO THE APPROVAL OF THE SICK LEAVE BANK COMMITTEE.

PLEASE PRINT

EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

INSTITUTION

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
_____ Request for Extension of Loan

Days Awarded by SLB _____

Signature of SLB Committee Chairperson

Date

___ Copy sent to Business Office

___ Copy sent to Applicant

Send this application to:

Chairperson
Sick Leave Bank Committee

Marion Military Institute
Business Office

