



Alabaster City Schools
Sick Leave Bank
Loan Request and Catastrophic Sick Leave Approval Form

Alabaster City Schools Employee Sick Leave Bank shall operate under the provision of Code of Alabama 1975 Section 16-22-9.

Name of Applicant (Print) _____ Employee Number _____
Name should appear as printed on Social Security Card

School or Department where you work _____

Do you wish to borrow days from the Alabaster City Schools Sick Leave Bank? Yes _____ No _____

If yes, how many? _____ The maximum days an employee may borrow is 13 days plus the 2 days originally deposited into the Sick Leave Bank (total 15 days). If an employee separates from the system and owes borrowed days, the value of the days will be deducted from the final paycheck.

Do you wish to request approval for Catastrophic Leave? Yes _____ No _____

A catastrophic illness is defined as “Any illness, injury, or pregnancy or medical condition related to childbirth, certified by a licensed physician which causes the employee to be absent from work for an extended period of time.”

Effective dates of request: Beginning _____ through _____

Reason for request _____

I have familiarized myself with the Terms and Conditions outlined in the Sick Leave Plan approved by the Alabaster City Schools Board of Education.

Signature of Employee

Date

Please attach a completed Physician Statement (contained in application for FMLA) to this form and return to Human Resources.

Sick Leave Bank Use Only

Catastrophic Sick Leave Approved _____ Not Approved _____

Number of days loaned by the Sick Leave Bank _____.

(Note: Loans cannot begin until the day after the last earned sick leave and personal leave days have been used.)

Signature of Committee Chairman or Designee

Date