

**ALLEGHANY COUNTY PUBLIC SCHOOLS**

**REQUEST FOR LOAN OF DAYS FROM THE SICK LEAVE BANK**

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\_\_\_\_\_  
(Print Full Name) (Social Security Number)

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ School: \_\_\_\_\_

I am requesting a loan of \_\_\_\_\_ days from the Sick Leave Bank. I understand the following policy:

1. A member will not be able to utilize sick leave bank benefits until his/her own sick leave is depleted. A waiting period of ten (10) working days after the member has exhausted his/her own sick leave is required before days from the sick leave bank may be utilized.
2. An allotment of forty-five (45) days each school year or for any one illness or disability may be drawn by any one member.
3. Members utilizing sick leave days from the bank will not have to replace these days except as a regular contributing member of the bank.

I hereby authorize my physician and/or health care provider to release the information below to Alleghany County Public Schools' Department of Human Resources, and to release Alleghany County Public Schools from any liability in connection with its release or use.

\_\_\_\_\_  
(Signature of Employee) (Date)

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**PHYSICIAN CERTIFICATION**

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I hereby certify that the above-named patient is totally unable to perform any work due to the illness or disability described below:

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

\_\_\_\_\_  
(Date Patient Ceased Work) (Approximate Length of Disability)

\_\_\_\_\_  
(Signature of Physician) (Date)

**EMPLOYEE:** Please return this form to: **Mr. Robert Carpenter, Human Resources Director**  
**Alleghany County Public Schools**

**PO Drawer 140  
100 Central Circle  
Low Moor, VA 24457**

REV. 12/19/06

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