

**WALLACE COMMUNITY COLLEGE SELMA
APPLICATION FOR LOAN**

DAYS FROM THE SICK LEAVE BANK SHALL NOT BE AWARDED UNTIL ALL ACCUMULATED SICK AND PERSONAL 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

EMPLOYEE NUMBER

INSTITUTION NAME

NAME OF IMMEDIATE SUPERVISOR

NUMBER OF DAYS REQUESTED FROM SLB (MAXIMUM # 15) _____

EFFECTIVE DATE OF REQUEST

STARTING DATE _____ ENDING DATE _____

DO YOU OWE THE SLB ANY DAYS _____

REASON FOR LEAVE _____

Signature

Date

FOR USE BY THE SLB COMMITTEE

_____ Original Request Days Awarded by SLB _____

_____ Request for Extension of Loan

Signature of SLB Committee President

Date

Send this application to:
SLB Committee President
Wallace Community College Selma Business Office

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Initials of Committee Member: _____