

TRENHOLM STATE COMMUNITY COLLEGE  
Sick Leave Bank Loan Application

---

**APPLICATION FOR LOAN**

---

Days from the sick leave bank shall not be awarded until all accumulated leave have been exhausted. All loans are subject to the approval of the Sick Leave Bank Committee.

New Loan \_\_\_\_\_ Loan Extension \_\_\_\_\_

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
A#

\_\_\_\_\_  
Division/Department

\_\_\_\_\_  
Name of Immediate Supervisor

Number of days requested: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for Loan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please send this application to: Dr. Pam Rollins  
Chairperson, Sick Leave Bank Committee  
A/B Bldg., Rm B107, Trenholm Campus

---

**FOR USE BY THE SLB COMMITTEE**

Date received by the SLB Committee: \_\_\_\_\_

Copy sent to Payroll: \_\_\_\_\_

Days awarded by the SLB Committee: \_\_\_\_\_

Copy sent to Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of SLB Committee Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean of Financial & Administrative Services

\_\_\_\_\_  
Date