

**DECATUR PUBLIC SCHOOL DISTRICT # 61**  
**Sick Leave Loan Repayment Order**

---

I hereby authorize and direct the Board of Education of Decatur Public School District # 61 to deduct \_\_\_\_\_ (\_\_\_\_\_) days from my \_\_\_\_\_ school year sick leave allocation for purpose of repaying a sick leave loan which I assumed under the provisions of Article X, Section A (Sick and Emergency Leave), of the Decatur Education Association/District # 61 collective bargaining agreement.

I furthermore authorize and direct that the aforementioned sick leave deduction be credited to the listed lenders in accordance with the number of days indicated.

Lender	Number of Sick Leave Days to be repaid
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_