

**Decatur Public School District #61
Sick Leave Loan Contribution/Application**

A. Name of Borrower: _____

B. Anticipated date of first usage: ____/____/____

C. Borrower/Lender(s) agreement:

Borrower/Lender(s): I (we) have read, understand, and agree to abide by all of the provisions contained within Article X, Section A (Sick and Emergency Leave), of the DEA/District #61 collective bargaining agreement.

Lender Name(s) (print name and sign)	Days Loaned (max 10/year)	Date	Repayment Desired (yes/no)
1. _____ Signature _____	_____	_____	_____
2. _____ Signature _____	_____	_____	_____
3. _____ Signature _____	_____	_____	_____
4. _____ Signature _____	_____	_____	_____
5. _____ Signature _____	_____	_____	_____

Other sick leave days borrowed this year: _____

Total: _____ (max of 20 days per school year)

Borrower's
Signature _____

Date: _____

Central Office Use Only

Date Received: _____

Approved: _____

Disapproved: _____

Director of Personnel: _____

Date: _____