

CONFIDENTIAL SICK LEAVE BANK REQUEST

SECRETARIES AND ASSISTANTS ASSOCIATION OF ANNE ARUNDEL COUNTY

2521 Riva Rd Ste L-7 Annapolis, MD 21401

All items must be completed, and forms must be received by the SAAAAC Sick Leave Bank Committee no later than 30 (thirty) days prior to the first date bank usage is requested.

Name:			
Last	First	Middle	Employee ID #
Address:			
Street (Number & Name	e) City		State Zip
Home Phone #	Posit	ion:	
School Name	School	ol Phone #	
SIGNATURE OF MEMBER		Reques	t to Draw from Bank
		DATE	
****TO BE	COMPLETED BY SAAAA	C SICK LEAVE BAN	K COMMITTEE****
REQUEST APPROVED YES NO	AUTHORIZED SIG	GNATURE	DATE
FOR COMMITTEE USE: A	UTHORIZED SIGNATURI	E:	Initials:
Duty Days Approved by SLB	COMMITTEE		Circle Duty Days Approved
MONTH: 1 2 3 4	5 6 7 8 9 10 11 12 13 1	4 15 16 17 18 19 20	21 22 23 24 25 26 27 28 29 30 31
MONTH: 1 2 3 4	5 6 7 8 9 10 11 12 13 1	4 15 16 17 18 19 20	21 22 23 24 25 26 27 28 29 30 31
COMMENTS:			
	****TO BE COMPLETED BY	DIDECTOD OF DEDS	ONE! ****
Payment Approved YES NO	SIGNATURE	DINLOTON OF FLAS	DATE
	****DO NOT COMPLETE	****PAYROLL USE ON	L Y ****
Sick Leave Depleted YES NO	Date Sick Leave I		Date Request Processed
Sick Leave Bank Request Form	Reviewed and Posted By: N	lame	Date:
MONTH: 1 2 3 4	5 6 7 8 9 10 11 12 13 1	4 15 16 17 18 19 20	21 22 23 24 25 26 27 28 29 30 31
MONTH: 1 2 3 4	5 6 7 8 9 10 11 12 13 1	4 15 16 17 18 19 20	21 22 23 24 25 26 27 28 29 30 31