



**COLUMBUS
CITY SCHOOLS**



Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

SICK LEAVE BANK LOAN APPLICATION

NAME (please print): _____

ID #: _____

NUMBER OF DAYS REQUESTED (MAX. 10): _____

DATES OF LEAVE: _____

Obligations to the Bank must be repaid before additional days will accrue to the individual's earned sick leave balance.

Any alleged abuse of leave time will be investigated by the Committee. If a finding of abuse of the days granted by the Bank occurs, the employee will repay all of the sick leave credits drawn from the Bank, and the employee will be subject to other disciplinary action as determined by the school district.

An employee will lose the right to utilize the benefits of the Bank due to:

- Termination or suspension of employment with Columbus City Schools
- Cancellation of participation by the member on the proper form
- Transfer to a position in another union or association

An outstanding "loan balance" becomes due upon the employee's separation of service from Columbus City Schools.

I have read the terms stated above and agree to abide by such terms.

Signature: _____ **Date:** _____

COMMITTEE USE:

APPROVED: _____ **DENIED:** _____ **DATE OF ACTION:** _____

NUMBER OF DAYS APPROVED: _____

*****Please return form to: Human Resources Administration or leavesofabsence@columbus.k12.oh.us*****

Human Resources Supporting Vision: Maximizing Human Capital for Student Success

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.