

**BARBOUR COUNTY SCHOOLS
PERSONAL LEAVE BANK**

Request for Withdrawal of Days

Please make application, if possible, two weeks prior to the date when your personal leave expires.

NAME _____ **DATE** _____

ADDRESS _____

SCHOOL/JOB ASSIGNMENT _____

ID # _____ **TELEPHONE #** _____

I hereby apply for the withdrawal of _____ days from the Barbour County Board of Education Personal Leave Bank. On _____, my accumulated personal leave will be exhausted, and on _____,

I understand that days borrowed from the bank will be repaid at the rate of two (2) days per year until all days over and above those I have donated are repaid.

I am applying for the following reasons: _____

Signature

Date

(Please attach a statement from your physician, which documents your physical condition and the need for your request.)