

RUTHERFORD COUNTY BOARD OF EDUCATION

CERTIFIED SICK LEAVE BANK DONATION FORM

School year _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET CITY/STATE ZIP

SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____

SCHOOL OR DEPARTMENT: _____

WORK PHONE NUMBER: _____

SCHOOL E-MAIL: _____

Pursuant to T.C.A. § 49-5-801 I hereby apply for membership in the Rutherford County Board of Education Certified Sick Leave Bank.

As a certified employee of the Rutherford County Board of Education who is entitled to sick leave pursuant to state law, I hereby donate two (2) sick leave days from my accumulation to the Certified Sick Leave Bank.

EMPLOYEE SIGNATURE

DATE OF APPLICATION

Please return to the Human Resources Department, attention "Sick Bank Administrator - Certified" for processing.