RUTHERFORD COUNTY BOARD OF EDUCATION

CLASSIFIED SICK LEAVE BANK REQUEST FORM

NAME:		SS #:		
	FIRST	MIDDLE		
ADDRESS:				
STREET		CITY/STATE	ZIP	
SCHOOL OR DEPARTMENT	:			
HOME PHONE:		SCHOOL PHONE	<u>:</u>	
SCHOOL E-MAIL:				
PERSONAL E-MAIL:				
DATE ACCUMULATED LEAV	/E EXPIRED:			
NUMBER OF DAYS REQUES	TED FROM BANK: _			
(20 DAY MAXIMUM)				
		YES		NO
COMMENTS:				
SIGNATURE		DATE		
		USE ONLY		
40000000	V-0			
APPROVED:EFFECTIVE DATE: FROM_	YES		NO	
		10		
COMMENTS:				
SIGNATURE OF CHAIRPERSON		DATE		
COPY TO APPLICANT:				
	DATE			