RUTHERFORD COUNTY BOARD OF EDUCATION

CLASSIFIED SICK LEAVE BANK DONATION FORM

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 hereb Board of Education Classified Sick Le		Rutherford County
As a classified employee of the Ruthe sick leave pursuant to state law, I here accumulation to the Classified Sick Le	eby donate two (2) sick leave o	
EMPLOYEE SIGNATURE	DATE OF AP	PLICATION
Please return this form to the Human Administrator – Classified" for process	• • • • • • • • • • • • • • • • • • •	tion "Sick Bank