## **Clarksville Montgomery County Board of Education Clarksville-Montgomery** County Education Association

## **Sick Leave Bank**

**Request for Days** (To be submitted with Medical Certification Form)

Name	Social Security Number
School and/or Department	
Date All Leave Days (Sick, Person	nal) + Six Days off Payroll Expires
Number of Days Requested	Comments
Are you currently employed elsew	where? Yes / No
If yes, where?	Nature of work
Are you able to continue working	this job while on leave from CMCSS?
Signature of employee	Date

Sick Leave Bank Approval Form			
(To be Completed by Committee of Trustees)			
Request Approved	Yes	No	
Number of Days Approved	Effective Dates		
Comments			
Trustee			