

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

Sick Leave Bank

Sick Leave Bank enrollment is from August through October 31 only

Enrollment Form

Employee Social Security Number _____

Name: _____ Title: _____

School _____

I hereby apply for membership in the Clarksville-Montgomery County Board of Education/Clarksville-Montgomery County Education Association Sick Leave Bank. I understand it is my obligation to read the [SL Bank Guidelines](#) of the Sick Leave Bank which can be referenced on the CMCSS website. I understand that if this document is not available to me online, I can request the document from the Benefits Office. Further, I agree to abide by all stipulations as set forth in the Sick Leave Bank Guidelines.

I wish to deposit TWO DAYS in the Sick Leave Bank

Signature _____

Date _____

NOTE: If you do not receive a confirmation of the Sick Leave Bank membership within ten days, please call the Benefits Office.

Also, if you are already a member, you need not complete an enrollment form again this year.

Mail to: Benefits Office - Sick Leave Bank
ATTN: Amy Wigington
621 Gracey Avenue
Clarksville, TN 37040