

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

Sick Leave Bank

Request for Days

(To be Submitted with Medical Certification Form)

Date of Application _____ Employee Social Security No. _____

Name _____ Home Phone _____

School and/or Department _____

Date All Leave Days (Sick, Personal) + Six Days off Payroll Expires _____

Number of Days Requested: _____

Comments _____

Signature of Employee _____

Sick Leave Bank Approval Form

(To be Completed by Committee of Trustees)

Request Approved Yes No

Number of Days Approved _____

Effective Dates: _____

Comments _____

Trustee _____

Trustee _____

Trustee _____

Trustee _____

Trustee _____