

**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, Personal) + Six Days off Payroll Expires _____

Number of Days Requested _____ Comments _____

Are you currently employed elsewhere? 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 _____

Trustee _____

Trustee _____

Trustee _____

Trustee _____