



Sick Leave Bank Enrollment Form (BEN-F050)

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

Sick Leave Bank enrollment is from August through October 31 only.

Please complete the following:	
Employee Munis ID:	
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 [Rules and Regulations](#) 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 Rules and Regulations.

I wish to deposit TWO DAYS in the Sick Leave Bank.

☐ Yes

☐ No

Signature:_____

Date:_____

**Submit completed form to: Benefits Office - Sick Leave Bank
621 Gracey Avenue
Clarksville, TN 37040**