



Sick Leave Bank Request for Days

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

(To be submitted with Medical Certification Form BEN-F053)

Please complete the following:	
Name _____	Employee ID Number _____
Home/Cell Phone 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where? _____	Nature of work _____
Are you able to continue working this job while on leave from CMCSS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of employee _____	Date _____

Sick Leave Bank Approval Form	
(To be Completed by Committee of Trustees)	
Request Approved <input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Days Approved _____	Effective Dates _____
Comments _____	
Trustee _____	
Trustee _____	
Trustee _____	
Trustee _____	
Trustee _____	