



ACCEPTANCE OF SICK LEAVE

Date:

To: Clarksville-Montgomery County School System
621 Gracey Avenue
Clarksville, TN 37040
Attention: HR Department

From:

Re: Sick Leave Accumulation in accordance with Tennessee Code Annotated Section 49-5-710

<u>Employee's Name</u>	<u>Date of Termination</u>	<u>Sick Leave Accumulation</u>
_____	_____	_____

☐ Teacher Resigned.

Sick Leave is not being released for the following reason(s):

☐ Teacher terminated in accordance with Tennessee Code Annotated Section 49-5-501.

☐ Teacher did not comply with other provision for termination of Tennessee Code Annotated Section 49-5-508.

Human Resources Director

STATE OF TENNESSEE, COUNTY OF _____

Personally appeared before me the within named _____
who makes oath that he/she executed the foregoing instrument.

This _____ day of _____, 20____.

(Seal)

Notary Public

My Commission Expires: _____