



WITHDRAWAL OF SICK LEAVE

To: _____ Date: _____

From: Clarksville-Montgomery County School System

Re: Sick Leave Accumulation

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

☐ Classified Employee Resigned

Chief Human Resources Officer

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: _____