



**ACCEPTANCE OF SICK LEAVE
Classified Employee**

Date:

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

From:

Re: Sick Leave Accumulation

Employee's Name

Date of Termination

Sick Leave Accumulation

*per HUM-A029 maximum acceptance is 200 hours.

☐ Employee Resigned.

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

☐ Employee Terminated.

Chief Human Resources Officer

Name of Employer

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____.

Notary Public

(Seal)

My Commission Expires: _____