

Sick-Leave Bank Membership Application

Cumberland County Board of Education
Cumberland County Education Association

•Name: _____ (Last) _____ (First) _____ (Middle)

•Address: _____

•Social Security Number: _____

•Home Phone: _____

•School/Department: _____

•School/Department Phone: _____

Membership Donation to the Bank

In accordance with Tennessee Code Annotated Section 49-5-801, I hereby apply for membership in the Cumberland County Teacher Sick-Leave Bank. Membership shall be made during the months of August, September, or October. The number of days to be donated shall be prescribed by the Committee of Trustees. Sick-leave donations to the bank are non-refundable and nontransferable.

As a certified employee of the Cumberland County Board of Education who is entitled to sick leave under the provisions of Tennessee Code Annotated Section 49-5-710, I hereby donate two (2) sick-leave days from my personal accumulation to the Sick-Leave Bank to activate my membership.

Signature

Date

***this form must be returned to the
Central Office by October 31**