

Sick Leave Bank
Donation Form

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

School and Postion: _____

Please Circle One: (New members must donate at least (1) Sick Day)

Donation of: **1 Sick Day** **2 Sick Days** **3 Sick Days**

I understand that I am donating non-refundable, non-transferable sick days to the county sick leave bank. I agree to abide by its rules, guidelines, and procedures. I have a copy of the rules, the committee, and the procedures. At any time I can ask to see Tenn. Code Annotated #49-5, Article 801-810 regarding the establishment of the sick bank. I also relieve the Grundy County Board of Education and/or GCEA from any liability as a result of future action taken by the committee on my behalf.

Signature

Date

****Return to Central Office by August 31 of each Academic School Year.**