

COFFEE COUNTY BOARD OF EDUCATION
SICK LEAVE BANK DONATION FORM
OFFICIAL MEMBERSHIP FORM

Name _____

LAST

FIRST

MIDDLE

ADDRESS _____

STREET

CITY / STATE

ZIP

SOCIAL SECURITY NUMBER _____

HOME/CELL NUMBER _____

SCHOOL OR DEPARTMENT _____

WORK PHONE NUMBER _____

DONATIONS

In accordance with Tennessee Code Annotated 49-5-801, I hereby apply for membership in the Coffee County 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 Trustees. Donations are non refundable and non transferable.

As an employee of the Coffee County Board of Education who is entitled to sick leave under the provisions of Section 49-5-710, I hereby donate three (3) sick leave days from my accumulation to the Sick Leave Bank.

SIGNATURE OF EMPLOYEE

DATE OF APPLICATION