

Blount County Schools

Certified Sick Leave Bank Application

Open enrollment months: August, September, October

Full Name _____

Date _____

Social Security # _____

Phone _____

Position _____

School _____

In accordance with Tennessee Code Annotated 49-5-801, I hereby apply for membership in the Blount County Schools Certified Sick Leave Bank. As a certified employee of the Blount County Board of Education who is entitled to sick leave under the provisions of TCA 49-5-701, I hereby donate two (2) sick leave days from my personal accumulation to the Certified Sick Leave Bank. I understand that donations are non-refundable and non-transferable.

Signature of Employee: _____

Date: _____