

Blount County Schools

Classified Sick Leave Bank Application

Open enrollment: following twelve months of continuous employment

Full Name _____

Date _____

Social Security # _____

Phone _____

Position _____

School _____

As a full-time (6 hours or more) employee of the Blount County Board of Education who is entitled to sick leave under board policy, I hereby donate three (3) sick leave days from my accumulation to the Classified Sick Leave Bank. I understand that donations are non-refundable and non-transferable.

Signature of Employee: _____

Date: _____