

BARTLETT CITY SCHOOLS
Certified Sick Leave Bank

APPLICATION/DONATION FORM

Employee Name as Used by Payroll Department: _____

Employee Social Security Number: _____

School or Department: _____ Position _____

- I hereby request to be enrolled in the Certified Employees' Sick Leave Bank and authorize the transfer of two (2) days of my unused sick leave to the Bank. I understand that the sick days transferred to the Bank are non-refundable and that I am subject to future assessments as determined by the Certified Employees' Sick Leave Bank Board of Trustees. I also understand that this enrollment request is not valid until it has been received by the Human Resources Department. Any requests *received after 4:30 PM on the last working day of October* **will not** be valid. Open enrollment for the Sick Leave Bank is August, September, and October of each year.
- I understand that I must be a member of the Sick Leave Bank for at least thirty (30) calendar days and must have met all assessment requirements to be eligible to use the Bank. A "Request to Use Sick Leave Days" and a "Medical Confirmation Form" are both required when making application to use the Sick Leave Bank.

Employee Signature _____ Date _____

Use the school system mail delivery, postal mail or drop off to address below.

Bartlett City Schools
Human Resources Department
5705 Stage Road
Bartlett, TN 38134

For Office Use ONLY

Date of Receipt: _____ Received by: _____