



## Sick Leave Bank Enrollment Form

Clarksville-Montgomery County Board of Education  
Clarksville-Montgomery County Education Association

**Sick Leave Bank enrollment is from August through October 31 only.**

<b>Please complete the following:</b>	
<b>Employee Munis ID:</b>	
<b>Name:</b>	<b>Title:</b>
<b>School:</b>	

I hereby apply for membership in the Clarksville-Montgomery County Board of Education/Clarksville-Montgomery County Education Association Sick Leave Bank. I understand it is my obligation to read the [Rules and Regulations](#) of the Sick Leave Bank which can be referenced on the CMCSS website. I understand that if this document is not available to me online, I can request the document from the Benefits Office. Further, I agree to abide by all stipulations as set forth in the Sick Leave Bank Rules and Regulations.

**I wish to deposit TWO DAYS in the Sick Leave Bank.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail completed form to:**      **Benefits Office - Sick Leave Bank**  
**ATTN: Amy Wigington**  
**621 Gracey Avenue**  
**Clarksville, TN 37040**