

# Sick-Leave Bank Membership Application

Cumberland County Board of Education  
Cumberland County Education Association

• Name: \_\_\_\_\_  
(Last) (First) (Middle)

• Address: \_\_\_\_\_

• Social Security Number: \_\_\_\_\_

• Home Phone: \_\_\_\_\_

• School / Department: \_\_\_\_\_

• School / Department Phone: \_\_\_\_\_

## Membership Donation to the Bank

In accordance with Tennessee Code Annotated Section 49-5-801, I hereby apply for membership in the Cumberland County Teacher 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 Committee of Trustees. Sick-leave donations to the bank are nonrefundable and nontransferable.

As a certified employee of the Cumberland County Board of Education who is entitled to sick leave under the provisions of Tennessee Code Annotated Section 49-5-710,  
**I hereby donate two (2) sick-leave days from my personal accumulation to the Sick-Leave Bank to activate my membership.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**\*this form must be returned to the  
Central Office by October 31**