

MUST BE TYPED OR PRINTED IN BLACK OR BLUE INK

**COLUMBUS CITY SCHOOL DISTRICT  
CEA MEMBERS  
SICK LEAVE BANK  
APPLICATION TO JOIN/ DONATE**

**LAST NAME                      FIRST NAME                      MI                      EMPLOYEE NUMBER**

**\* NUMBER OF DAYS/HOURS BEING DONATED \_\_\_\_\_  
(Must be 2 days)**

**I freely donate the days/hours as indicated above to the CEA Sick Leave Bank. I am aware that these days will be deducted from my sick leave accrual and will NOT be counted as sick leave days used.**

**SIGNATURES:**

**EMPLOYEE \_\_\_\_\_ Date \_\_\_\_\_ PHONE \_\_\_\_\_ BLDG \_\_\_\_\_**

**SUPERVISOR \_\_\_\_\_ Date \_\_\_\_\_ PHONE \_\_\_\_\_ BLDG \_\_\_\_\_**

**\* 2 days must be donated. For an hourly employee a day is the equivalent of the number of approved scheduled daily working hours.**

**SEND APPROVED FORM TO: PAYROLL, CEC, 270 EAST STATE STREET, ROUTE 0  
EMPLOYEE SHOULD RETAIN A COPY OF THIS FORM FOR HIS/HER RECORD**