



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 _____

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

SICK LEAVE BANK COMMITTEE MEMBER SIGNATURE

**SEND APPROVED FORM TO: PAYROLL, CEC, 270 EAST STATE STREET, ROUTE 3
EMPLOYEE SHOULD RETAIN A COPY OF THIS FORM FOR HIS / HER RECORD**

DEADLINE TO SUBMIT IS MONDAY, SEPTEMBER 30, 2019