



**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     2      
(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.**

**SIGNATURE:**

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                                      DATE

SEND FORM TO: [leavesofabsence@columbus.k12.oh.us](mailto:leavesofabsence@columbus.k12.oh.us)

**DEADLINE TO SUBMIT IS FRIDAY, SEPTEMBER 30, 2022**