



**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.

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

DEADLINE TO SUBMIT IS MONDAY, SEPTEMBER 30, 2024