



**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 TUESDAY SEPTEMBER 30, 2025