

Marshall County School System



SICK LEAVE BANK DONATION FORM

I, _____ hereby elect to participate in the Marshall County Schools Sick Leave Bank beginning in the 2016-2017 school year. I understand two (2) sick days will be deducted from my personal accumulation and donated to the Sick Leave Bank. Furthermore, I understand these days are non-refundable and non-transferable.

X _____

I am a (check one): Certified Employee Classified Employee

Date: _____

Please sign and return completed form to Jackie Morris or Beth Stockwell at
Central Office

by Monday, October 31, 2016.

Email: jmorris4@k12marshalltn.net or bstockwell@k12marshalltn.net

Fax: 270-8816