

Murfreesboro City Schools' Board of Education
Sick Bank

Commitment of Membership to the Sick Leave Bank

Note: Membership is voluntary and can only be accepted in August, September, or October of any school year. Withdrawals can be made only after the first thirty (30) calendar days of membership. The first day of the thirty (30) calendar day waiting period begins on the date of receipt affirmed below.

EMPLOYEE'S NAME: _____ **Last 4 of SS #** _____

SCHOOL: _____ **SCHOOL PHONE NUMBER:** _____

EMPLOYEE'S MAILING ADDRESS:

NUMBER TO CALL IF NOT AT SCHOOL: _____

I have received, read and do understand the Sick Leave Bank Rules for employees of Murfreesboro City Schools. My signature below affirms that I am hereby joining the Sick Leave Bank in accordance with said Rules.

Upon receipt of this commitment, please do transfer two (2) of my accumulated sick leave days for deposit in the Sick Leave Bank.

Employee's Signature _____ **Date** _____

Please forward this form to Mrs. Kathleen Hunsicker at the Central Office. When sent rather than personally delivered, it is suggested that the teacher make a follow-up call to Mrs. Kathleen Hunsicker to verify that the form was in fact received.

By written notice to the Trustees (via Mrs. Kathleen Hunsicker), a member may withdraw from Bank participation on any June 30. Membership withdrawal shall result in forfeiture of all days contributed.