

NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK

PLEASE PRINT

EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

COLLEGE

I HEREBY TERMINATE MY PARTICIPATION IN THE COLLEGE SICK LEAVE BANK AND REQUEST THAT DAYS ON DEPOSIT IN THE BANK BE RETURNED TO MY PERSONAL SICK LEAVE ACCOUNT.

SIGNATURE

DATE

FOR OFFICE USE ONLY

NOTE: ONE (1) COPY OF THIS FORM MUST BE SENT TO THE CHAIRPERSON OF THE SICK LEAVE BANK COMMITTEE AT THE COLLEGE BUSINESS OFFICE

ONE (1) COPY SHOULD BE RETAINED FOR THE EMPLOYEE'S RECORD