

FOR CERTIFIED EMPLOYEES  
NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK  
PLEASE PRINT

\_\_\_\_\_  
EMPLOYEE'S NAME

\_\_\_\_\_  
EMPLOYEE ID NUMBER

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
POSITION

I hereby terminate my participation in the Beville State Community College Sick Leave Bank and request that days on deposit in SLB be returned to my personal sick leave account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE