

**LURLEEN B. WALLACE COMMUNITY COLLEGE**

**NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK**

PLEASE PRINT

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

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

\_\_\_\_\_  
INSTITUTION

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTE: ONE (1) COPY OF THIS FORM MUST BE SENT TO THE SICK LEAVE BANK COMMITTEE.

ONE (1) COPY OF THIS FORM SHOULD BE SENT TO THE PAYROLL OFFICE.

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