



Central Alabama Community College

NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK

Employee Name: (please print) _____

Social Security No.: _____ College: _____

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.

Employee Signature

Date

Note:

- Copy of signed form sent to the Chairperson of the sick leave bank committee.
- Copy of signed form sent to the Business Office/Payroll.