

**SICK LEAVE BANK FOR CERTIFIED-CLASSIFIED EMPLOYEES  
NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK  
SYLACAUGA CITY SCHOOL SYSTEM**

*PLEASE PRINT*

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

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**SCHOOL OR WORK SITE**

\_\_\_\_\_  
**POSITION**

I hereby terminate my participation in the Sylacauga City School System Sick Leave Bank and request that days on deposit in the SLB be returned to my personal sick leave account.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**