

SICK LEAVE BANK RESIGNATION FORM

CHILTON COUNTY BOARD OF EDUCATION

Clanton, Alabama

Withdrawal Period shall be the month of December each year.

Employee Name: _____ Social Security #: ____/____/____

Please Print

Name of School/Work Site: _____

Position: _____

() I wish to resign from and withdraw all of my earned sick leave days from the School System Sick Leave Bank and terminate my affiliation with the Bank.

EMPLOYEE SIGNATURE

DATE