

# CLARKE COUNTY BOARD OF EDUCATION

## NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK

(Please Print)

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**Employee's Name**

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**School or Work Site**

I hereby terminate my participation in the school system Sick Leave Bank and request that days I have on deposit be returned to my personal sick leave account.

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**Signature of Employee**

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**Date**

**NOTE:**

- One (1) copy of this form must be sent to the Chairperson of the Sick Leave Bank Committee.
- One (1) copy of the form must be sent to the Payroll Department at the Central Office.
- One (1) copy should be retained by the employee.