



SICK LEAVE BANK NOTICE OF PARTICIPATION OR RESIGNATION

_____ Name	_____ School/Department
_____ Employee Number	_____ Social Security Number
_____ Designated Agent & Phone Number (Family or friend to discuss and sign on your behalf, if needed)	_____ Phone Number

NOTICE OF PARTICIPATION OPTIONS

I wish to be a member of the Mobile County Public School System Sick Leave Bank and hereby authorize that two (2) days from my personal sick leave account be placed on deposit in the SLB. I have received a copy of the GUIDELINES for the SLB and hereby agree to comply with these guidelines as printed.

I wish to be a member of the Mobile County Public School System Sick Leave Bank, but do not have the requisite number of days on account at this time. I hereby authorize two (2) days to be deposited as I earn and accumulate them. I have received a copy of the GUIDELINES for the SLB and hereby agree to comply with these guidelines as printed.

I do not wish to participate in the Sick Leave Bank.

NOTICE OF RESIGNATION

I hereby terminate my participation in the SICK LEAVE BANK of the Mobile County Public School System. I request that my days on deposit be returned to my personal sick leave account. I understand that resignation can only occur:

*Upon resignation from the school system Last Day:_____

*Upon retirement from the school system Last Day:_____

*After completion of the regular school year

*During the first three weeks of the school year

By this resignation, I understand that I am no longer a member of the Sick Leave Bank and forfeit all benefits and privileges of the Sick Leave Bank.

_____ Signature	_____ Date
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