

**Sick Leave Bank  
Drop Membership Form**

Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Facility: \_\_\_\_\_

This form to drop membership in the sick leave bank is governed by Policy 4151 for Teachers, Policy 4873 for Mental Health employees and Policy 4751 for Nurses along with Administrative Procedure 4151.2.

My signature below indicates my understanding of the following:

- 1) I am dropping/canceling my membership in the sick leave bank and;
- 2) I waive any rights to any days contributed or assessed to the sick leave bank if I cancel my membership in the sick leave bank and;
- 3) I have the right to re-enroll in the sick leave bank subject to the conditions of Administrative Procedure 4151.2 (B) (2) Re-Enrollment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form to the Office of Human Resources**

Revised: February 15, 2012  
Adopted: August 13, 2012  
Effective: July 1, 2012