



**Department of Youth Services School District  
Sick Leave Bank Participant  
Notice of Resignation from the Sick Leave Bank**

**Please Print**

Employee's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

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

Position: \_\_\_\_\_

I hereby terminate my participation in the Department of Youth Services School District Sick Leave Bank and request that days on deposit in the Sick Leave Bank, be deposited back into my personal sick leave account.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_