

**MARION MILITARY INSTITUTE
NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK**

PLEASE PRINT

EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

INSTITUTION

I HEREBY TERMINATE MY PARTICIPATION IN THE SICK LEAVE BANK AND
REQUEST THAT DAYS ON DEPOSIT IN THE BANK BE RETURNED TO MY PERSONAL
SICK LEAVE ACCOUNT.

SIGNATURE

DATE

NOTE: ONE (1) COPY OF THIS FORM MUST BE SENT TO THE CHAIRPERSON OF THE
SICK LEAVE BANK COMMITTEE AT THE BUSINESS OFFICE.

ONE (1) COPY OF THIS FORM SHOULD BE SENT TO THE BUSINESS MANAGER AT
THE BUSINESS OFFICE.

ONE (1) COPY SHOULD BE RETAINED FOR THE EMPLOYEE'S RECORDS.