

Notice of Resignation from the Sick Leave Bank

Print Name: _____

Social Security Number: _____

School: _____

Position: _____

Employee Signature: _____

Date: _____

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

I understand this submission must be delivered to the payroll department no later than the 15th of the calendar month preceding the effective date.