

TRENHOLM STATE COMMUNITY COLLEGE
Sick Leave Bank Notice of Resignation Form

NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK

Please Print

EMPLOYEE NAME

A#

DEPARTMENT

I HEREBY TERMINATE MY PARTICIPATION IN THE H. COUNCILL TRENHOLM STATE TECHNICAL COLLEGE SICK LEAVE BANK AND REQUEST THAT DAYS ON DEPOSIT IN THE BANK BE RETURNED TO MY PERSONAL SICK LEAVE ACCOUNT.

SIGNATURE

DATE

Please send this FORM to: Dr. Pam Rollins
Chairperson, Sick Leave Bank Committee
A/B Bldg., Rm. B107, Trenholm Campus

Date Received: _____

Copy to Payroll: _____

Copy to Dean of Financial & Administrative Services: _____