

**ST. CLAIR COUNTY BOARD OF EDUCATION
NOTICE OF RESIGNATION FROM SICK LEAVE BANK**

Name

Social Security Number

School

Position

I hereby terminate my participation in the St. Clair County Sick Leave Bank and request that days on deposit in the Sick Leave Bank be returned to my personal sick leave account, effective on October 1st of this year.

Signature

Date

This will become effective at the end of the school year (before September 15th) or upon departure from the system.