

**WALLACE COMMUNITY COLLEGE SELMA**  
**Notice of Resignation from the Sick Leave Bank**

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**Print name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

I hereby terminate my participation in the Wallace Community College Sick Leave Bank and request that days on deposit in the Sick Leave Bank be returned to my sick leave account.

I understand that I may not rejoin the sick leave bank for a minimum of 12 months.

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

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

\*\*Please return this form to the Human Resource/Business Office.