

Withdrawal



Verification of Authorization
For **Withdrawal** of Sick Leave Bank Membership
By Full-Time Personnel

I hereby verify that I wish to withdraw participation in the Sick Leave Bank Program of the Bessemer City School System. I authorize that three (3) days be restored to my personal sick leave balance.

Employee's Name

Social Security Number
[H.R. Dept. Only]

School or Facility

Position

Signature of Employee

Date

Send this form to: ***Bessemer City Board of Education***
Human Resources Department
1621 5th Avenue North
Bessemer, AL 35021

For Human Resources Department Use Only

Employee Hire Date _____

Form Received By _____ Date _____

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