

**SICK LEAVE BANK WITHDRAWAL FORM**

**RUSSELL COUNTY BOARD OF EDUCATION**

**Phenix City, Alabama**

←-----→  
Withdrawal Period - End of school year with May payroll.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Please Print

Name of School/Work Site: \_\_\_\_\_

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

( ) I wish to withdraw all of my earned sick leave days from the School System Sick Leave Bank and terminate my affiliation with the Bank.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE