



Scottsboro City Schools

Sick Leave Bank – Notice of Resignation

I. Directions

Submit this completed application to the Payroll Clerk. Resignation will be effective upon the date of submission or upon separation from service under the guidelines of the *Employee Leave Laws of Alabama Public School Employees*.

II. Statement

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

III. Other Information

IV. Employee's Printed Name _____

V. Employee's Signature _____

VI. Date _____