

**MANSFIELD INDEPENDENT SCHOOL DISTRICT
Sick Leave Bank**

MEMBERSHIP CANCELLATION FORM

Payroll Name: _____ Social Security Number: _____

Employee Number: _____ Campus/ Site: _____

Please initial the appropriate statements below and sign on the indicated line.

I hereby authorize the Payroll Department to remove my membership from the Sick Leave Bank. I understand that if I owe the bank any days they will be deducted from my leave before I am withdrawn;

And (sign one of the next two statements)

I am submitting this cancellation form before the end of the current enrollment period, so I will not have any days deducted from my leave other than any I might owe from last year.

OR

I am submitting this cancellation form after the end of the enrollment period for this year, so the days deducted from my leave will be forfeited to the Sick Leave Bank, and will no longer be available to me.

Signed:

Date:

If I want to cancel my membership without donating days, the Sick Leave Bank must receive my signed Cancellation Form before the end of the enrollment period.

For future reinstatement of membership, I will be treated as any employee who joins the Sick Leave Bank for the first time.

<p><i>This form, completely filled out, must be sent to:</i> MISD Sick Leave Bank ATTN: Shelley Trammell, Chairperson 605 E. Broad Street, Mansfield, TX 76063 Or, fax to 817-473-5330</p>

SLB Office Use Only:

Date Received:

Person Receiving:

Comment(s):