

**HENRY COUNTY SICK LEAVE BANK**  
**NOTICE OF RESIGNATION FROM THE SICK LEAVE BANK**

\_\_\_\_\_  
(EMPLOYEE'S NAME)

\_\_\_\_\_  
(LOCATION)

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

\_\_\_\_\_  
(EMPLOYEE'S SIGNATURE)

\_\_\_\_\_  
(DATE)

(Please send one copy of this request to the Chairperson of the Sick Leave Bank Committee and one copy to the Human Resources/Payroll Department)