

# Jasper County Charter System

## Sick Leave Bank Resignation Form

Please accept this as notification of my intent to resign my membership in the Jasper County Charter System Sick Leave Bank. I understand that following the resignation I will become ineligible for future membership. In addition, days that I have already donated to SLB are forfeited and will not be returned to my sick leave balance.

Signature: \_\_\_\_\_

Please print full name: \_\_\_\_\_

Date: \_\_\_\_\_

Any Comments: