

**Sick Leave Bank
Membership Drop Form
Assessment Period, 2012**

Name _____

Employee # _____

Facility: _____

This form to drop membership in the sick leave bank is governed by Policy 4151 for Teachers, Policy 4873 for Mental Health employees and Policy 4751 for Nurses along with Administrative Procedure 4151.2.

My signature below indicates my understanding of the following:

- 1) I am dropping/canceling my membership in the sick leave bank and;
- 2) I waive any rights to any days contributed or assessed to the sick leave bank if I cancel my membership in the sick leave bank and;
- 3) I have the right to re-enroll in the sick leave bank subject to the conditions of Administrative Procedure 4151.2 (B) (2) Re-Enrollment.

Signed: _____

Date: _____

This form must be returned to CCEA before 4 pm on Tuesday, February 6, 2012 in order to avoid the assessment of one day during the 2011-12 school year.

1. It may be hand delivered or sent through US mail to CCEA, 2851 South Parker Road, Aurora, CO 80014, or via district mail to Sheryl Cunningham @ Liberty Middle School.
2. Alternatively, it may be sent via email to scunningham@coloradoea.org or faxed to 303-696-0104. Either of these methods will require an original copy with signature to be delivered per option #1 above.