

17/18

**DAWSON EDUCATION COOPERATIVE  
SICK LEAVE BANK MEMBERSHIP WITHDRAWAL FORM**

Please let this serve as written notice that I no longer wish to be a member of the sick bank.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

This form must be submitted prior to July 31,2017 to the Business Office

\_\_\_\_\_  
FOR OFFICE USE ONLY

\_\_\_\_\_  
ADMINISTRATIVE OFFICIAL

\_\_\_\_\_  
DATE RECEIVED