



# Withdrawal



Verification of Authorization  
For **Withdrawal** of Sick Leave Bank Membership  
By Full-Time Personnel

***I hereby verify that I wish to withdraw participation in the Sick Leave Bank Program of the Bessemer City School System. I authorize that three (3) days be restored to my personal sick leave balance.***

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Social Security Number  
**[H.R. Dept. Only]**

\_\_\_\_\_  
School or Facility

\_\_\_\_\_  
Position

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

\_\_\_\_\_  
Date

Send this form to: ***Bessemer City Board of Education***  
*Human Resources Department*  
*1621 5<sup>th</sup> Avenue North*  
*Bessemer, AL 35021*

\_\_\_\_\_  
For Human Resources Department Use Only

Employee Hire Date \_\_\_\_\_

Form Received By \_\_\_\_\_ Date \_\_\_\_\_

Created 5/2014