

ENTERPRISE CITY SCHOOLS
OFFICE OF SUPERINTENDENT
220 HUTCHINSON STREET
ENTERPRISE, ALABAMA 36330

SICK LEAVE BANK
MEMBERSHIP WITHDRAWAL

NAME: _____

I wish to cancel my membership as a participant in the Enterprise City Schools' Sick Leave Bank.

COMMENTS:

Signature _____

School _____

Date _____

NOTE: All cancellations must be submitted during the month of May of any given school year.