



VOLUNTARY SICK LEAVE BANK MEMBERSHIP CANCELLATION

This form should be completed and submitted only if the employee is requesting to cancel membership from the Sick Leave Bank.

Name: _____

Employee ID: _____

Telephone: _____

KISD Email: _____

Campus/Department: _____

Cancellation for School Year: _____

I wish to cancel my membership from the Kilgore Independent School District Sick Leave Bank. I understand that all prior contributions to the Bank are the permanent property of Kilgore ISD and cannot be returned, even upon cancellation of membership. I also understand that if I were granted a minimum of two (2) Bank days during the previous school year, that two (2) days will be subtracted from my leave, even upon cancellation of membership.

Employee Signature: _____

Date: _____