

St. Lucie Public Schools

Withdraw Membership from Sick Leave Bank

CTA/CTA-CU, CWA

Print Name of Employee \_\_\_\_\_ Date \_\_\_\_\_

Work Site \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Briefly state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the appropriate box for your bargaining unit

CTA

CTA/CU

CWA

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

**\*\*\*Return completed form to the Human Resources Department.\*\*\***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Administrator

c: Sick Leave Bank  
Payroll  
Human Resources  
CTA/CTA-CU, CWA  
Employee