



Employee Name \_\_\_\_\_

Banner ID \_\_\_\_\_

Please cancel my Faculty or Staff Sick Leave Bank membership.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**For Human Resources Use Only**

Sick leave balance \_\_\_\_\_ hours as of \_\_\_\_\_

Completed in Banner \_\_\_\_\_ Date \_\_\_\_\_

HR Representative