

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

Employee's Name

Social Security Number

School or Office Work Site

I hereby verify that I wish to withdraw participation in the Sick Leave Bank Program of the Jefferson County School System. I authorize that five (5) days be restored to my personal sick leave balance.

Signature of Employee

Date

Send this form to: Jefferson County Board of Education
Human Resources Department
2100 18th Street South
Birmingham, AL 35209

9/5/2003