



# Application for Voluntary Withdrawal

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Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

I, the undersigned employee/member, request that my membership in the

Sick Leave Pool

Compassionate Leave Pool

be terminated effective the first day of the month following receipt of this form by the Human Resources Department.

Members who withdraw from participation from either the Sick or Compassionate Leave Pool may not reapply for membership for a period of 12 months.

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

\_\_\_\_\_  
Date

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## TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Employee deleted from the  Sick/ Compassionate Leave Pool effective \_\_\_\_\_