

READING SCHOOL DISTRICT SICK LEAVE BANK for TEACHERS

RESIGNATION FORM

(This form is if you no longer wish to be a member of the Sick Bank)

Requests will be processed after May 1st of the given school year.

Today's Date:

As of the above date, I want to terminate my membership in the Reading School District Sick Leave Bank for Teachers. I understand that if the Sick Leave Bank day(s) for the present year has/have already been taken, it/they will not be restored to my Reading School District sick days.

I also understand that if at any time I wish to rejoin the Reading School District Sick Leave Bank for Teachers, I will not have available days from my previous membership reinstated and that a penalty may be incurred.

Teacher Name (printed):

Teacher Signature:

Building(s):

Witness Name (printed):

Witness Signature:

Please return this this form via:

Email: office@readingea.com

Fax: (610) 374-3173

Interdepartmental Mail: Priscilla Knight, REA office

or

USPS Mail:

Reading Education Association (REA) Office

1800 N. 12th Street

Reading, PA 19604