

Faculty/Staff Sick Leave Bank Cancellation Form

Please return to:

Human Resources, 165 Administration Bldg.

| Employee Name | | Banner ID |
|--------------------------------|---------------------------------|-----------|
| Please cancel my Faculty or St | raff Sick Leave Bank membership |). |
| Signature | | Date |
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| For Human Resources Use Or | nlv | |
| | hours as of | |
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| Completed in Decree | | Data |
| | Representative | Date |