

**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: mazurj@readingsd.org

Fax: (610) 374-3173

Interdepartmental Mail: Rebecca Titus, REA office

or

USPS Mail: Reading Education Association (REA) Office, 125 Morgantown Road, Suite 2, Reading
PA 19611