

Preston County Schools

731 Preston Drive
Kingwood, WV 26537
304-329-0580
Sick Leave Bank

Sick Leave Cancellation Form

I, the undersigned, have been a contributing member of the Preston County School's Sick Leave Bank. At this time, I would like to cancel further contributions to the Sick Leave Bank. I understand that previous contributions will not be returned to me and that as of June 30th, of this fiscal year, I am no longer eligible to apply for sick leave days from the Sick Leave Bank. Notification of cancellation must be received by June 30th of this fiscal year.

Name: _____ (Please print)

Signature: _____

Position: _____ Location: _____

Please return this form prior to June 30th, of the current year, to the Payroll department.