



CORONA-NORCO TEACHERS ASSOCIATION
Certified sick leave bank
Cancellation Form

Name: _____ CNUSD Employee Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Personal Email: _____

Please indicate that you understand and agree to the following terms and conditions:

1. I will no longer be eligible to withdraw days from the catastrophic leave bank. (*article 13.16_b.5*)
2. Sick leave previously authorized for contribution to the bank will not be returned to me.
(*article 13.16_c.2*)
3. I will no longer be able to contribute my accrued personal sick leave days to designated individuals.
(*article 13.16_d.1*)
4. If I had previously withdrawn days from the bank and I am still in the process of repaying the days, 1 day will continue to be withdrawn each year until the allotted days are repaid. (*article 13.16_e.5*)

I have read and understood the above terms and conditions and agree to abide by them.

Signed _____ Date _____