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**SICK LEAVE BANK
CANCELLATION FORM
LICENSED EMPLOYEES**

NAME _____ EMPLOYEE # _____

BUILDING _____ POSITION _____

Please cancel my enrollment in the Boulder Valley School District's Sick Leave Bank (Bank). I understand that I am **unable** to withdraw any days which I have previously contributed.

Signature of Employee

Date

I understand that I have the option to re-enroll in the Bank during the open enrollment period from the first contract day each year through September 15 of that year by contributing another day of annual leave to the bank.

For additional information about the Sick Leave Bank, please refer to the negotiated agreement, section E-27.

I understand that if I do not return this form to HRD by September 15, my membership in the Sick Leave Bank will continue for this school year. If September 15 falls on a Saturday or Sunday, deadline is the following Monday.