

BUCKEYE UNION SCHOOL DISTRICT

CERTIFICATED CATASTROPHIC LEAVE BANK

Cancellation of Participation

(May be effected between September 1 and October 1 of each school year)

I, _____, SSN# _____,
hereby cancel my participation in the Catastrophic Leave Bank. I understand that I shall not be eligible to draw from the bank as of the effective date of this cancellation. I further understand that sick leave previously authorized for contribution to the Bank shall not be returned.

Employee Signature

Date

Find: Catast1.frm