TERMINATION/RESIGNATION FORM

I am terminating my employment with the _____ Board of Education, and in consideration of _____ dollars ($_____) received from said Board of Education as severance pay, I herewith renounce and relinquish all rights and claims which I might have for any accumulated sick leave which presently stands to my credit because of employment by the Board of Education.

_____
Applicant's Signature

Accepted by the Board of Education:

Date: _____

Clerk: _____

© NEOLA 2003