



Washington County Teachers Association, Inc.  
18047 Oak Ridge Drive Hagerstown, MD 21740

## SICK LEAVE BANK CONTRIBUTION CANCELLATION

I, the undersigned, have been a contributing member of the WCTA Sick Leave Bank. At this time, I would like to cancel any further contributions to the Sick Leave Bank. I understand that previous contributions will not be returned to me and that, as of this date, I am no longer eligible to apply for sick leave days from the Sick Leave Bank.

Signature \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Employee ID# \_\_\_\_\_

Form Updated 12.2025