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Certificated Employee Catastrophic Leave Bank

- Cancellation of Participation -

To take effect during the current school year, this form must be submitted to TRUE by **October 1st at the latest**. If submitted after that date, cancellation will be effective until the NEXT school year.

I, _____,

(Print Name and School Site)

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 by me for contribution to the Bank shall not be returned to me.

Employee signature

Date

NOTE:

The TRUE Member requesting cancellation of participation in the Catastrophic Leave Bank is responsible to ensure TRUE receives this form no later than October 1st.

*Mail or deliver Original Cancellation form to the TRUE Office: 3318 Howard Street, Suite 10, McClellan, CA 95652 (**DO NOT** send through District mail).*