Shared Sick Leave Program – Membership Termination Form

I request to terminate my membership in the University System's Shared Sick Leave Program.

Employee Name	OneUSG #	Department
Email	Phone #	Effective Term Date

I acknowledge that I have read and understand the program provisions as set forth in the Shared Sick Leave Program policies. I understand that any sick leave that I have donated before the membership is terminated will be forfeited.

Employee Signature _____ Date _____

INSTRUCTIONS: Please complete and return this Termination of Membership form to: benefits@gcsu.edu

FOR USE BY THE OFFICE OF HUMAN RESOURCES

Your termination of benefits has been received and processed. Thank you for your support of the Shared Sick Leave Program.

Human Resources Signature _____ Date _____