



Application for Voluntary Withdrawal Emergency Medical PTO Leave Bank

Name: _____

SSN (Last 4 Digits): _____

Department: _____

I, the undersigned employee/member, request that my membership in the Emergency Medical PTO Leave Bank be terminated effective the first day of the month following receipt of this form by the Human Resources Department.

Members who withdraw from participation from the Emergency Medical PTO Leave Bank may not reapply for membership for a period of 12 months.

Employee Signature _____ Date _____

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Employee deleted from the Emergency Medical PTO Leave Bank effective _____