## APPENDIX F

## ORANGE UNIFIED SCHOOL DISTRICT

## CLASSIFIED SICK LEAVE BANK

## REQUEST FOR WITHDRAWAL

Pursuant to the provisions of Section 6.1200 of the OUSD/CSEA Collective Bargaining Agreement, I request a maximum of	
Name:	
(Print)	
Signature:	
Date:	
Do Not Write Below This Line APPROVED BY:	
Sick Leave Bank Committee	Date

Rev. 1/00

Humanres/forms/sick leave withdrawl