

**LONGWOOD CENTRAL SCHOOL DISTRICT**  
35 Yaphank-Middle Island Road  
Middle Island, New York 11953-2373  
631-345-5896

**CSEA Unit 8795 VOLUNTARY SICK BANK APPLICATION FORM**

**Directions:** the purpose of this form is to provide CSEA members with the opportunity to join the voluntary sick bank specified in the CSEA Collective Bargaining Agreement. Completion of this form is required by all new CSEA members. Please print clearly.

**NAME:** \_\_\_\_\_

**EMPLOYEE #:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

I wish to enroll in the CSEA/LCSD voluntary sick bank. Please deduct two (2) sick days from my sick day allocation. This donation of the two (2) sick days secures my enrollment in the sick bank for my employment. I do not need to donate any additional sick days to remain in the sick bank unless the bank balance is low and the union leadership asks all members to donate additional days. Should I chose to withdraw from the bank the two (2) sick days are not returnable.

I do not wish to join at this time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return this form to Human Resources/COE.** Confirmation of your enrollment will be sent to you from CSEA Unit 8795 Sick Bank Committee.