

**Administrator's
Catastrophic Illness Leave Bank**

Form CILB-4

DONATION OF SICK DAY ACCUMULATION

**To be used upon a member's departure from Ulster BOCES or when
the employee has reached the 246 day maximum for sick leave
accumulation.**

Name: _____ Position: _____
Please Print *Please Print*

SEPARATION FROM ULSTER BOCES

I am a member of the Administrator's Catastrophic Illness Leave Bank and I am separating my employment with Ulster BOCES. I have _____ days remaining in my personal sick leave accrual account. I would like to donate these days to the Administrator's Catastrophic Leave Bank.

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____

DONATION OF EXCESS SICK DAYS

I am a member of the Administrator's Catastrophic Illness Leave Bank and I have reached the maximum personal sick leave accrual of 246 days. I would like to donate my excess sick days to the Administrator's Catastrophic Illness Leave Bank. I authorize donating days to the Sick Bank.

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____