

APPENDIX D

Updated: September 2025

Ulster BOCES Administrators' Association

VACATION CASH VALUE EXCHANGE VOUCHER
Professional Organization Membership Dues

At each unit member's discretion, the cash value up to two (2) unused vacation days may be used to reimburse the unit member for the sole purpose of reimbursing the unit member, after the submission of proof of payment, for their payment of professional membership dues.

Unit members must notify the Human Resource Office no later than May 15 of their decision to use this provision.

Upon receipt of proof of payment, reimbursement will be made within 45 days.

Please Type or Print

<p align="center">UNIT MEMBERS INFORMATION</p> <p>_____</p> <p align="center">Unit Members Name</p> <p>_____</p> <p align="center">Street Address</p> <p>_____</p> <p align="center">City, State, Zip</p>	<p align="center">ASSISTANT SUPERINTENDENT AUTHORIZATION</p> <p>_____</p> <p align="center">Program Title</p> <p>_____</p> <p align="center">Budget Code</p> <p>_____</p> <p align="center">Assistant Superintendent Signature</p>
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DATE	DESCRIPTION OF REIMBURSEMENT <i>(Please add the name of each Professional Organization and the amount that is being claimed.)</i>	TOTAL
<i>Receipts must be attached for all memberships being claimed.</i>		TOTAL:

UBAA Member Signature

Date Submitted

NUMBER OF VACTION DAYS REQUESTED TO CASH IN	DAILY RATE (CASH VALUE) <small>(HR Office)</small>	TOTAL DOLLAR AMOUNT <small>(HR Office)</small>	TOTAL REIMBURSEMENT REQUESTED <small>(HR Office)</small>	TOTAL DAYS (FTE) CASHED IN <small>(HR Office)</small>

<p align="center"><u>Business Office Approval</u></p> <p>_____</p> <p align="center">Assistant Superintendent</p> <p>_____</p> <p align="center">Date</p>	<p align="center"><u>Authorization to Pay</u></p> <p>_____</p> <p align="center">District Superintendent</p> <p>_____</p> <p align="center">Date</p>
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Personnel Office/Business Office

Date Vacation Days Reduced in WinCap	Date Payment Make to UBAA Member	Check Number	Total Amount of Check