

**Administrator's
Catastrophic Illness Leave Bank**

**ENROLLMENT CONTRIBUTION FORM
Authorization/Declination**

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

AUTHORIZATION

I am a new employee and I am interested in joining the Administrator's Catastrophic Illness Leave Bank. I understand that I must be employed at Ulster BOCES for a minimum of one (1) year before I am eligible for membership. I authorize the Personnel Department to deduct two (2) accumulated, earned sick leave day from my personal sick leave accrual during the open enrollment period(s) of March 1-30 and September 1-30. If I do not have two (2) accumulated, earned day available to donate during the open enrollment period I will be notified by the Personnel Department and the Personnel Department will deduct two (2) accumulated, earned sick leave day from my personal sick leave accrual during the following open enrollment period. If I change my mind and choose not to participate in the Catastrophic Illness Leave Bank before the above date I become eligible for membership, I will notify the Personnel Department in writing of my decision.

I understand the Catastrophic Illness Leave Bank Policy and agree to abide by its regulations.

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____

DECLINATION

I do not wish to participate in the Administrator's Catastrophic Illness Leave Bank at this time. I understand that if I choose to join the Catastrophic Illness Leave Bank in the future I must be employed by Ulster BOCES for a minimum of one (1) year before I am eligible for membership and that I must inform the Personnel Department in writing, during the Annual Open Enrollment periods of September 1 through September 30 and March 1 through March 30.

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____