

**Administrator's** *Form CLB 4 – Donation of Accumulation*  
**Catastrophic Illness Leave Bank**

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

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