

**Ulster BOCES Teaching Assistants' & Aides' Organization Sick Bank**

**ENROLLMENT CONTRIBUTION FORM**

**Open Enrollment Form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
*Please Print* *Please Print*

**AUTHORIZATION**

I am a unit member and I am interested in joining the *Teaching Assistants' & Aides' Organization Catastrophic Leave Bank*. I authorize the Personnel Department to deduct one (1) accumulated, earned sick leave day from my personal sick leave accrual. I have been given the *Teaching Assistants' & Aides' Organization Catastrophic Leave Bank* policy and I understand and agree to abide by its regulations