

Ulster BOCES Teaching Assistants' & Aides' Organization

Catastrophic Leave Bank

DONATION OF SICK DAY ACCUMULATION

To be used upon a unit members departure from Ulster BOCES or when the unit member has reached the 186 day maximum for sick leave accumulation.

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

SEPARATION FROM ULSTER BOCES

I am a member of the Ulster BOCES Teaching Assistants' & Aides' Organization Catastrophic 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 Catastrophic Leave Bank.

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____

DONATION OF EXCESS SICK DAYS

I am a member of the Ulster BOCES Teaching Assistants' & Aides' Organization Catastrophic Leave Bank and I have reached the maximum personal sick leave accrual of 186 days. I would like to donate my excess sick days to the Catastrophic Leave Bank. I authorize donating _____ days to the Catastrophic Leave Bank.

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____