

Ulster BOCES Teaching Assistants' & Aides' Organization

Catastrophic Leave Bank Member Pledge to Donate

To be used when the Teaching Assistants' & Aides' Organization Catastrophic Leave Bank is depleted and a member is receiving benefits.

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

Authorization to Donate

I am a member of the Ulster BOCES Teaching Assistants' & Aides' Organization Catastrophic Leave Bank and I am currently receiving Catastrophic Leave Benefits. The Catastrophic Leave Bank has been depleted and I do not have any available sick leave days to donate for continued membership. I authorize the Personnel Department to deduct one (1) sick leave day from my personal sick leave accrual on July 1 when my annual sick leave allotment is replenished.

Date Sick Leave Day will be deducted from Requestor's Annual Sick Leave Allotment: _____

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____