

**To:** Personnel Department

**From:** \_\_\_\_\_  
Employee's Name (please print) Location

In accordance with the terms of the collective bargaining agreement covering my sick leave bank entitlement, I hereby make application to withdraw days from the BOCES Sick Leave Bank for the following period of time:

\_\_\_\_\_ thru \_\_\_\_\_

Attached is a statement from my attending physician indicating the duration of my current illness or disability.

\_\_\_\_\_  
Employee's Signature Date

**Personnel Department Use Only**

**Sick Leave Bank Entitlement**

1. Number of years of full-time or half-time continuous employment: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_
2. Accumulated sick leave balance as of July 1: \_\_\_\_\_ x .5 = \_\_\_\_\_  
+
3. Total sick leave bank entitlement (not to exceed 25 days at one time): \_\_\_\_\_
4. Date accumulated sick leave exhausted: \_\_\_\_\_