OCMBOCES
Committed to Your Success

Sick Leave Bank Withdrawal Application

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

*Prior Sick Bank Entitlement Used*_____

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: _____

_____ _____

Administrative Assistant Date

C: Employee
Supervisor
Personnel File
Effective: 05/23/2024