Sick Leave Bank Request Form

Please complete form. Submit this form and medical documentation to:
Human Resources, Attn: Sick Bank Coordinator
Fax Number: (516) 396-2383

SUBMISSION REQUIRES THE SIGNATURE OF THE CSEA PRESIDENT

Name:_____ **Position:**_____ **Building:**_____

Employee ID:_____ **Number of years employed by Nassau BOCES:** _____

Last day worked prior to illness: _____ **Number of days requested**: _____

Have you previously received a sick leave donation? **Yes/No (circle one)**

If yes: Date received _____ **How many days**?:_____

Reason for current request: (check one)*

Illness/Injury of 30 consecutive calendar days that requires:

_____Hospitalization _____Institutionalization _____Confinement to Bed

OR