

Donation of Sick Days to the Educational Administration Sick Bank

Please Print

Name: _____

Employee Number: _____

Anticipated Retirement Date: _____

Number of Days to be Donated: _____

I hereby authorize Nassau BOCES to deduct the aforementioned number of days from my sick leave accruals. I understand that the donation will remain in the Educational Administration Sick Bank until utilized. At no point in time can I request a return of my days. I also acknowledge that my donation does not entitle me to any authority in the sick bank making process. I further understand that my donation does not entitle me to sick days from the Educational Administration sick bank now or in the future unless I follow the established procedures for obtaining such leave, and I am a member of Educational Administration Bargaining Unit.

Donating (P S O R) Signature _____

Date _____

Educational Administration Union 3 U H V L Signature _____

Date _____

Official Office Use Only

Date Received by Human Resources _____

Date Sent to Payroll _____

Date when Days are added to the Ed Admin Sick Bank _____