HUMAN RESOURCE

Donation of Sick Days to CSEA Sick Bank

Please Print

Name _____

Employee Number _____

Collective Bargaining Unit [ ] Retiring from CSEA (5 days maximum)
Anticipated date of retirement _____
[ ] CSEA (current/active member)
[ ] Educational Administrators
[ ] Technical Administrators

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 CSEA Sick Bank until utilized. At no point in time can I request a return of my days. I also acknowledge that my donation does Q R W H Q W L W O H P H W R D Q \ D X W K R U L W \ L Q W K H V L F N process. I further understand that my donation does not entitle me to sick days from the CSEA sick bank now or in the future unless I follow the established procedures for obtaining such leave and I am a member of CSEA Bargaining Unit.

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