nassau

HUMAN RESOURCES

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 F R P P L W W H H ¶ V G H F L V L R Q 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 \ H H ¶ V Signature   Date

Educational Administration Union 3 U H V L G H Q W ¶ V 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 ______________________________