



SOUTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

17 Berkley Drive, Rye Brook, New York 10573

(914) 937-3820 • (914) 937-8768

SICK BANK MEMBERSHIP APPLICATION (Teamsters)

This Application is for First Time Enrollment Only

NAME: _____ DATE: _____

LAST 4 DIGITS OF SS#: XXX-XX- TITLE: _____

UNIT: ☐ Teamsters Full Time ☐ Teamsters Part Time

Please check the appropriate box:

☐ I have **three (3) or more years of service** and wish to **enroll** as a member of the **Sick Bank** at this time.

- Please deduct **2 days** of sick time from the accrued sick leave presently credited to me. This deduction will take place at the beginning of the fiscal year (July 1 or September 1) and cover membership for that year. Thereafter, SWBOCES will automatically deduct **2 days** sick time each year in order to retain your membership in the **Sick Bank**, unless you notify us that you no longer wish to be a member.

☐ I have **three (3) or more years of service**, and **do not** wish to **enroll** as a member of the **Sick Bank** at this time.

- By **declining enrollment**, I understand that I am **not entitled** to the benefits of the **Sick Bank**.

☐ I acknowledge that the **"Sick Bank"** will be administered under the appropriate policy or contract. I understand that these days are not returnable to me.

Date

Applicant's Signature

**THIS FORM MUST BE RETURNED TO THE OFFICE OF HUMAN RESOURCES
PRIOR TO JULY 1**