



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 (Teacher Aides)

This Application is for First Time Enrollment Only

NAME: _____ DATE: _____

LAST 4 DIGITS OF SS#: xxx-xx- TITLE: _____

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 **two (2) days** of sick time from the accrued sick leave presently credited to me. This deduction will take place upon receipt of this letter (October 1) and cover membership for that year. Thereafter, should the days available in the bank fall below seventy-five (75) days, SWBOCES will automatically deduct **one (1) sick day**, unless I notify SWBOCES that I no longer want 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
NO LATER THAN OCTOBER 1.**