



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**  
**(SWBOCES Civil Service Employee's Association - CSEA)**

**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)** sick days from the accrued sick days 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, if the **Sick Bank** balance drops below 250 days, eligible employees must contribute (1) additional sick day from their earned sick time in order to maintain membership in the **Sick Bank**.

☐ 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**.

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☐ 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**