



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 Teachers Association)

This Application is for First Time Enrollment Only

NAME: _____ DATE: _____

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

Please check the appropriate box:

☐ I wish to enroll for the **first time** in the "**Sick Bank**".

- Please deduct **two (2)** sick days from the accrued sick days presently credited to me. These days will cover membership for this school year. Thereafter, should the days available in the bank fall below ninety (90) days, SWBOCES will automatically deduct one (1) sick day, unless I notify SWBOCES that I no longer want to be a member. I also understand that during the **first three (3) years** of my employment I may not withdraw more than **five (5) days** from the bank per year.

☐ I 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**.

☐ By signing this form, I acknowledge that the "**Sick Bank**" will be administered under the guidelines agreed to in the **Collective Bargaining Agreement between SWBOCES and the Teachers' Association**. 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