



# 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 (Confidential and ITS)

**This Application is for First Time Enrollment Only**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST 4 DIGITS OF SS#: XXX-XX- TITLE: \_\_\_\_\_

UNIT: ☐ Confidential Staff ☐ ITS

### **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, SWBOCES will automatically deduct **one (1)** sick day 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**.

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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**