



**ONC BOCES – Human Resources Office**  
**PO Box 382**  
**2020 Jump Brook Road**  
**Grand Gorge, NY 12434**

**DEADLINE FOR SICK LEAVE BANK APPLICATIONS MUST BE SUBMITTED TO HUMAN RESOURCES NO LATER THAN OCTOBER 1ST**

## SUPPORT STAFF SICK LEAVE BANK MEMBERSHIP FORM

Name:		
Current address:		
City:	State:	ZIP Code:
<b>SCHOOL YEAR</b>		
School Year:		
<b>POSITION INFORMATION</b>		
Title:		
Start Date:		
<b>SIGNATURE</b>		
I authorize the BOCES, according to arrangements agreed upon with the Otsego Northern Catskills BOCES ESPA Association to deduct from my accumulated sick leave (1) day per year as in accordance with the current contract. I understand and agree that days contributed to the Sick Leave Bank are non-refundable.		
Signature of applicant:		Date: