



**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**

| <h2 style="margin: 0;">NON-UNIT LEAVE BANK MEMBERSHIP FORM</h2>  |        |           |
|--|--------|-----------|
| 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 Non-Unit Benefit Policy to deduct from my accumulated sick leave the following number of days as noted below. I understand and agree that days contributed to the Sick Leave Bank are non-refundable and also understand the guidelines as per the Benefit Guidelines. |        |           |
| <b>Number of Days to contribute: (1) (2) (3) PLEASE CIRCLE ONE</b>   |        |           |
| Signature of applicant:  |        | Date:     |