



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

TEACHER LEAVE BANK MEMBERSHIP FORM		
Name:		
Current address:		
City:	State:	ZIP Code:
SCHOOL YEAR		
School Year:		
POSITION INFORMATION		
Title:		
Start Date:		
SIGNATURE		
I authorize the BOCES, according to arrangements agreed upon with the Otsego Northern Catskills BOCES Teachers' Association 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 Teachers' Contract.		
Number of Days to contribute: (1) (2) (3) PLEASE CIRCLE ONE		
Signature of applicant:		Date: