

**Membership Application
Centennial BOCES**

Sick Leave Bank

To be completed by employee:

Employee's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Position: _____ FTE: _____

Eligibility Verified: _____

Current Personal Sick Leave Days Available: _____

Days Donated to Sick Leave Bank: _____ 2 _____

Personal Sick Days Remaining: _____

Date Sick Leave Bank Membership Processed: _____

I understand by the above, that I am donating two of my personal sick days to the Centennial BOCES Sick Leave Bank and am now an eligible bank member. If I choose to withdraw at a later date, I understand that my donated two days will be forfeited to the Bank.

Employee Signature

Date

Membership Processed by Human Resources:

Human Resources Representative Signature

Date