



Donation of Sick Days to the Educational Administration Sick Bank

Please Print

Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Anticipated Retirement Date: \_\_\_\_\_

Number of Days to be Donated: \_\_\_\_\_

I hereby authorize Nassau BOCES to deduct the aforementioned number of days from my sick leave accruals. I understand that the donation will remain in the Educational Administration Sick Bank until utilized. At no point in time can I request a return of my days. I also acknowledge that my donation does not entitle me to any authority in the sick bank committee's decision-making process. I further understand that my donation does not entitle me to sick days from the Educational Administration sick bank now or in the future unless I follow the established procedures for obtaining such leave, and I am a member of Educational Administration Bargaining Unit.

\_\_\_\_\_  
Donating Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Educational Administration Union President's Signature

\_\_\_\_\_  
Date

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**Official Office Use Only**

Date Received by Human Resources \_\_\_\_\_

Date Sent to Payroll \_\_\_\_\_

Date when Days are added to the Ed Admin Sick Bank \_\_\_\_\_