



# EDUCATORS' ASSOCIATION SICK LEAVE BANK AUTHORIZATION FORM

Employee's Name ▶		Today's Date ▶	
Work Location ▶		School Year ▶	

All employees covered by the Wayne-Finger Lakes Educators' Association Bargaining Unit contract, who have a .5 FTE or greater, are eligible to participate in the Sick Leave Bank. You must make your decision to participate or not within the first 30 days of initial employment.

To become a member of the sick leave bank you must initially contribute two sick days. You will not be required to contribute any additional sick days unless the Sick Leave Bank Committee determines that the bank needs to be replenished.

**Please indicate your decision below by initialing the line next to your choice.**

\_\_\_\_\_ I wish to join the Sick Leave Bank and agree to contribute two of my sick leave days. I further understand that once made, this decision cannot be changed.

\_\_\_\_\_ I do not wish to join the sick leave bank. I acknowledge that I will not be eligible to join the bank until the next annual open enrollment period which is October of each year.

**If you choose to join, please initial that:**

\_\_\_\_\_ I understand that in the event I sever employment with the BOCES, whether by termination or resignation, my sick bank days will NOT be refunded.

\_\_\_\_\_ I understand that if I sever employment, whether by termination or resignation and later return to the W-FL BOCES as an employee, I will need to rejoin and contribute to the sick leave bank.

\_\_\_\_\_ I understand that if I am appointed to a new position within the W-FL BOCES which falls within a different bargaining unit, I will need to join and contribute to the sick bank of that other bargaining unit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This completed form is to be returned to:  
Payroll Office  
131 Drumlin Court, Eisenhower Building  
Newark, NY 14513-1863**

This form is available on the BOCES Employee Portal [www.wflboces.org/employeeportal](http://www.wflboces.org/employeeportal)