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DATE:

TO: Human Resources Department

FROM: **ASA Sick Bank Committee**

RE: Authorization of Sick Bank Days - Employee: _____

We, the members of the Dutchess County BOCES ASA Sick Bank Committee, hereby authorize to fund the above employee with _____ days of salary as follows:

_____ Personal Leave day(s) to cover the following period of time:

_____ to _____

_____ Other day(s) (ie. contractual holidays) to cover the following period of time:

_____ to _____

_____ BFA Sick Bank day(s) to cover the following period of time:

_____ to _____

According to the ASA Sick Bank Guidelines, all accumulated sick leave and personal days are to be used prior to funding any sick bank days. In the event days are returned through Worker's Compensation procedure, the days will be returned to the bank.

Committee Members (Signatures:

Doug Damiani Sherre Wesley

Mitchell Shron Norah Merritt

cc: Employee

Sick Bank Committee Members

Benefits, Payroll, Attendance

Personnel File

M:\SICK BANKS\Sick Bank 2014-2015 NM\BFA - 14-15\BFA Sick Bank Authorization NM.doc.docx 10-14-14

Dutchess County Board of Cooperative Educational Services

Administrative Offices: 845.486.4800

www.dcboces.org