



HUMAN RESOURCES

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ADMINISTRATIVE SICK BANK

APPLICATION FOR MEMBERSHIP

To: Board of Education

I hereby apply for membership in the **ADMINISTRATIVE SICK BANK** according to Article IV-2a of the 1986-1989 Agreement between Dutchess County Board of Cooperative Educational Services and the BOCES Administrator's Association.

I also agree to the guidelines of the Administrative Sick Bank as established by the Sick Bank Committee.

Please return this form to:

**Dutchess BOCES
ADMINISTRATIVE SICK BANK
c/o Human Resources Department
5 BOCES Road
Poughkeepsie, NY 12601**

NAME _____

ADDRESS _____

PHONE _____

DATE _____

SIGNATURE _____