



HUMAN RESOURCES

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ADMINISTRATIVE SICK BANK

APPLICATION FOR WITHDRAWAL

*Please answer all questions:*

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

Job Location: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**NATURE OF ILLNESS:** Please attach pertinent information, including any statements from attending physician(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate number of **work days** absent due to this illness: \_\_\_\_\_ days

Number of **sick bank days** for which you are applying: \_\_\_\_\_ days

LIST DATES OF **SICK BANK DAYS** REQUESTED: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Please forward this application to:

Dutchess BOCES  
ADMINISTRATIVE SICK BANK COMMITTEE  
c/o Human Resources Department  
5 BOCES Road  
Poughkeepsie, NY 12601  
(845) 486-8051