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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 _____

_____ ASA 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):

Rebecca Gerald

Michael Skerritt

Amy Carr

Norah Merritt

cc: Employee
Sick Bank Committee Members
Benefits, Payroll, Attendance
Personnel File

M:\Forms - All HR Forms\Website - Sent to CGR\Sick Banks\ASA\ASA Sick Bank Authorization 9-14-21.doc