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DATE:
TO: Human Resources Department
FROM: **BFA Sick Bank Committee**
RE: Authorization of Sick Bank Days - Employee: _____

We, the members of the Dutchess County BOCES BFA 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 BFA 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):

Patricia Polera

Rebecca Gerald

Shawn Prater-Lee

Norah Merritt

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

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

Dutchess County Board of Cooperative Educational Services
Administrative Offices: 845.486.4800
www.dcboces.org