

**Putnam Valley Central School District
146 Peekskill Hollow Road
Putnam Valley, New York 10579**

Application to Participate in Sick Leave Bank

I understand that the purpose of the Sick Leave Bank shall be to provide income protection to participants who are employed by the school district in the event of extended physical or mental illness resulting in a participant's accumulated sick leave being exhausted.

I further understand that to participate in the Sick Leave Bank, I must submit this written waiver of three (3) days accumulated sick leave to the Board of Education. These days will be subtracted from the total number of sick days I have accumulated while employed in the Putnam Valley Central School District. My contribution is not mandatory but once made, may not be withdrawn. The unused sick days in the bank shall be cumulative and shall be carried forward from year to year. The maximum number of days in the Sick Leave Bank will be three (3) times the number of members employed by the district. The Sick Leave Bank shall be replenished when the total number of sick days falls below fifty (50) percent of maximum and further contributions on my part may be necessary.

Signature: _____

I hereby authorize the Putnam Valley Board of Education to transfer three (3) of my unused sick days into the Sick Leave Bank to be used for the purpose of my participation in the Sick Leave Bank.

Name: _____

Signature: _____ Date: _____

Please refer to the individual contract for more information.



Professional Staff (P.V.F.T. and P.V.A.A.)



Classified Employees (C.S.E.A)



Part-Time Classified Employees (C.S.E.A.) – *Less than 20 hours per week*