

CERTIFIED ADMINISTRATORS

Application for Unused Sick Leave Payment

Pursuant to the Employee Handbook addendum for St. Lawrence-Lewis BOCES Certified Administrators, *Unused Sick Leave* provision,

I, the undersigned, verify the following:

1. I am a Certified Administrator for the St. Lawrence-Lewis BOCES;
2. I have submitted an irrevocable letter of resignation effective _____;
3. _____ I am eligible for retirement without penalty under the NYS Teachers' Retirement System and will have completed at least ten years of credited BOCES service, *or* I will have completed at least fifteen years of credited BOCES service;
4. _____ I am a member of the NYS Teachers' Retirement System and I am requesting payout for accumulated sick leave up to a maximum of two hundred and twenty-five (225) days, at \$75 per day, to be deposited in my non-elective 403(b) account in the following manner :

_____ A one-time contribution no later than July 31st following my effective date of resignation, *or*

_____ Advance contributions over _____ years (*one, two or three years depending upon advance notice*) allocating _____ days (*maximum 50*) each year, followed by a contribution of any remaining days no later than July 31st following my effective date of resignation.

My 403(b) account is set up with _____.

** 403(b) account must be set up prior to submitting this form **

Signature	Date	Printed Name	SS# (last 4 digits)
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*This form must be submitted to the BOCES Purchasing Agent, St. Lawrence-Lewis BOCES Central Office, PO Box 231, 40 West Main Street, Canton, NY, 13617. Deadline for submission: **January 1st** of the calendar year in which the resignation is to be effective (in extraordinary circumstances and with the recommendation of the District Superintendent, this notification requirement may be waived by the BOCES Board); or, if advance notice, **January 1st** of the calendar year in which the first contribution will be made.*