

CERTIFIED ADMINISTRATORS

Application for Longevity Increment

Pursuant to the Employee Handbook addendum for St. Lawrence-Lewis BOCES Certified Administrators, *Longevity Increment* provision,

I, the undersigned, verify the following:

1. I am a Certified Administrator for the St. Lawrence-Lewis BOCES;
2. _____ I am eligible for retirement without penalty under the NYS Teachers' Retirement System and I have at least ten years of credited BOCES service, *or*
_____ I have at least fifteen years of credited BOCES service;
3. I am requesting the longevity increment of \$10,000, to be deposited in my non-elective 403(b) account no later than July 31st following this request.

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) |
|-----------|------|--------------|---------------------|

*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 of the 403(b) contribution; in extraordinary circumstances and with the recommendation of the District Superintendent, this notification requirement may be waived by the BOCES Board.*