

FEDERATION OF INSTRUCTIONAL SUPPORT PERSONNEL

Application for Unused Sick Leave Payment

Pursuant to the collective bargaining agreement between the St. Lawrence-Lewis BOCES and the St. Lawrence-Lewis BOCES Federation of Instructional Support Personnel, Article IX, Section 4, subsection C, 403(b) Employer Non-Elective Contribution – Sick Leave Conversion,

I, the undersigned, verify the following:

1. I am a unit member of the St. Lawrence-Lewis BOCES Federation of Instructional Support Personnel;
2. I have submitted to the District Superintendent an irrevocable letter of resignation for the purpose of retirement effective _____;
3. _____ I am eligible for retirement without penalty under the NYS Teachers' or Employees' Retirement System and I have at least ten years of credited BOCES service, *or*
 _____ I have 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 the applicable contractual maximum, at \$25 per day, to be deposited in my non-elective 403(b) account, *or*
 _____ I am a member of the NYS **Employees'** Retirement System and I am requesting payout for accumulated sick leave up to the applicable contractual maximum, **to be reduced by the number of days allocated to the 41-j option per the attached form**, at \$25 per day, to be deposited in my non-elective 403(b) account.

** 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 retirement 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.*