

FEDERATION OF INSTRUCTIONAL SUPPORT PERSONNEL

**Application for Accrued Vacation Payment**

Pursuant to the Employee Handbook addendum for St. Lawrence-Lewis BOCES Support Staff, *Vacations* provision,

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 under the NYS Teachers' Retirement System;
4. I am requesting payout for accumulated vacation days, up to a maximum of twice my annual accrual rate, at my per diem rate as of the date of my resignation, to be deposited in my non-elective 403(b) account no later than July 31<sup>st</sup> following my effective date of retirement.

\*\* 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 1<sup>st</sup>** 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.*