

SUPPORT STAFF

Application for Unused Sick Leave Payment

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

I, the undersigned, verify the following:

1. I am a Support Employee for the St. Lawrence-Lewis BOCES;
2. I have submitted an irrevocable letter of resignation for the purpose of retirement effective _____;
3. _____ I am eligible for retirement without penalty under the NYS Employees' Retirement System and 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 Employees' Retirement System and I am requesting payout for accumulated sick leave up to a maximum of two hundred and forty (240) days, **to be reduced by the number of days allocated to the 41-j option per the attached form**, at \$35 per day, to be deposited in my non-elective 403(b) account no later than July 31st following my effective date of retirement.

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 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.*