



TOWN OF RIVERHEAD
SICK LEAVE BANK ANNUAL MEMBERSHIP APPLICATION

Under the Stipulation of Agreement of the C.B.A. with the C.S.E.A. dated December 14, 2004,

I _____
Name SSN
hereby apply for membership in the sick leave bank for the calendar year 20____.

I am a full time employee and I wish to contribute from my accrual bank as of January 15, 20____:

____ Vacation _____ Sick _____ Personal

This shall in no way be construed to increase carryover limits at year end as per the C.B.A. (Enter the total number of days you are contributing from each accrual for a minimum of 2 days total)

Note A day is defined as 8 hours for a 40 hour work week employee or 7 hours for a 35 hour work week employee.

Since the inception of my joining the sick leave bank, my total **non-refundable** contributions, including this contribution is _____ days. I have been a continuous member since _____.
Date

I understand I will vest in the Sick Leave Bank upon 15 years of continuous membership or with up front contributions of a total of Thirty (30) days. A lapse in this annual agreement will revert any time contributed to be void for vesting purposes. I also understand that I can donate more than the 30 days required for vesting, at my option.

I understand this is a yearly application and to continue my membership **I must apply annually by December 15 for the following year**. Once vested, I am a permanent member and do not have to apply annually.

I have read the stipulation of agreement dated 12/14/04 and voluntarily elect to join the yearly Sick Leave Bank

Signature

Date