

**CTA Collective Sick Bank
Donation & Application for Withdrawal Form**

If you wish to deposit a sick day, please fill out the top (deposit) section of the form and **send the form to the PAYROLL OFFICE** at Chestnut Grove Administration Center.

If you wish to obtain sick days from the bank, please fill out the bottom (withdrawal) section and **send the form to DIRECTOR OF HEALTH SERVICES**, Felix Festa Middle School.

In either case, a copy of the completed form will be returned to you.

DEPOSIT

Name _____ **Building** _____ **Job Title** _____

I authorize the Clarkstown Central School District to donate one of my sick days to the CTA Collective Sick Bank.

Print Name	Sign Name	Date
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Withdrawal Request

Name _____ **Building** _____ **Job Title** _____

Number of Days Requested _____

Reason for request: _____ (Please attach supporting materials, letter from physician, etc.)

Print Name	Sign Name	Date
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(Please do not write below line)

_____ Application approved _____ Number of days allocated from bank _____ Application disapproved

Authorized Signature: Chairperson Sick Bank Committee

_____ Transaction Completed _____ Date

Authorized Signature: Payroll/Timekeeper