



Labor Co-Chair
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ULSTER COUNTY – CSEA
 LABOR/MANAGEMENT COMMITTEE
 PO Box 1800
 KINGSTON, NY 12402-1800

Management Co-Chair
 Brenda Bartholomew
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 Phone: 334-3520

Application to Donate Sick Leave

To be Completed by Applicant to Donate Leave (Eligible employees are CSEA represented employees or Non Union Managers)

_____ I am a *new member* applicant: 2 days of sick leave to be donated
 (There is an automatic renewal annually, as a member you must have 1 day available at the time of automatic renewal)

Balance of sick leave after donation: _____ days

Donor's name: _____

Department: _____

Unit: _____

Supervisor: _____

Number of hours worked per week: _____

Anniversary date: _____

I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave shown above and the benefits accrued to or attached to the same. I understand that the donation of the leave is irrevocable and that no leave will be refunded to me in cash or kind. I certify that I will have at least 8 days of accrued sick leave remaining after making this donation.

Donor's Signature: _____ Date: _____

To be Completed by Appointing Authority (or Designee)

Employee ID # _____

Sick leave balance above is certified as correct. _____ yes _____ no

Balance of Sick Leave: _____ Hourly Pay Rate **as of 2/1/2009** _____

Completed by: _____
 Name and Signature of Person completing form Title

To be Completed by the Sick Leave Donation Review Panel:

Sick Leave Donation: _____ Approved _____ Not Approved Reason _____

 Signature of Sick Leave Donation Program Representative Date

cc: payroll clerk, Payroll Department, employee

Please send completed application form to: The Sick Leave Donation Review Panel, Personnel Department, 244 Fair Street, Kingston, NY 12401, Phone: 845-340-3534, Fax: 845-340-3592