



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

Withdrawal from Sick Leave Donation Program

To be Completed by Employee requesting to be removed from the Sick Leave Donation Program

I wish to be **removed** from membership in the Sick Leave Donation Program as of the end of the current year.

Employee's name: _____

Anniversary date: _____

Department: _____ Unit: _____

I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into being removed from the Sick Leave Donation Program. I understand that the donation of the leave is irrevocable and that no leave will be refunded to me in cash or kind.

Employee's Signature: _____ Date: _____

To be Completed by Appointing Authority (or Designee)

Employee ID # _____

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

To be Completed by the Sick Leave Donation Review Panel:

Sick Leave Donation Program Removal received and processed.

 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