



Information Technology Professionals Association

Leaders In Information Technologies

ITPA Sick Bank Application

Date: _____
Member Name: _____
Work Location: _____

Describe the general nature of illness or injury: _____

Anticipated Date of Return to work (if known): _____
Requested number of days (120 max): _____

I have reviewed the Sick Leave Bank provisions of the ITPA Agreement (Article 17C) and I meet the requirements to withdraw days from the Sick Bank.

Member Signature: _____

Please forward this request to ITPASickBank@btbooces.org

ITPA Sick Bank Committee Response

Date: _____

Approved for _____ days Not Approved

Reason: _____

ITPA Representative

BTBOCES HR Representative