



Office of Human Resources Management
University Benefits Office
395 Hudson Street, 5th Floor
New York, New York 10014
Tel: 646-664-3357
Fax: 646-664-3418

Application to Withdraw from and/or Change Leave Donation to the Catastrophic Sick Leave Bank Program

I. To be Completed by the Employee

If you wish to withdraw from participation in the Catastrophic Leave Bank Program or change your leave donation, please complete and sign below:

Name \_\_\_\_\_ CUNYfirst ID: \* \_\_\_\_\_

Home Address \_\_\_\_\_

Title: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

\* If you don't know your CUNYfirst ID, please contact your College Office of Human Resources.

I wish to withdraw- please sign: \_\_\_\_\_

I wish to change my donation to: \_\_\_\_\_ day(s) of annual leave each program year.

I wish to change my donation to: \_\_\_\_\_ day(s) of sick leave each program year.

PLEASE NOTE THAT YOUR DONATION OF SICK LEAVE MAY ADVERSELY IMPACT YOUR TRAVIA OR TERMINAL LEAVE BENEFIT. YOU ARE ADVISED TO CONSULT WITH YOUR COLLEGE OFFICE OF HUMAN RESOURCES.

Please return this application to your College Office of Human Resources before the end of the open enrollment period.

For Employees Who Elect To Change Their Leave Donation to the Catastrophic Sick Leave Bank Program

I hereby acknowledge and understand that my decision to donate sick leave and/or annual leave to CUNY's Catastrophic Sick Leave Bank is irrevocable and that the donated leave will not be returned to me, unless it is determined that I am ineligible to donate leave.

I also acknowledge and understand that my College's Office of Human Resources will continue to make automatic deductions as specified herein from my time and leave accruals on an annual basis provided that I maintain eligibility and have not withdrawn from the CSLB Program or made any changes during an open enrollment period to the type or amount of leave to be donated.

I further acknowledge and understand that I have not been coerced nor am I receiving any benefit express or implied, in return for the donated sick leave and/or annual leave, other than my ability to participate in the bank; and that my donation may impact my Travia or Terminal Leave Benefit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Employees Who Elect to Withdraw from the Catastrophic Sick Leave Bank Program

I acknowledge and understand that by submitting this election to withdraw from the Catastrophic Sick Leave Program to my Office of Human Resources, I will no longer be covered by the Catastrophic Sick Leave Bank Program for the current program year (September 1 –August 31) and thereafter, unless I re-enroll during an open enrollment period. I further acknowledge and understand that my decision to withdraw from the Catastrophic Sick Leave Bank Program for this program year is irrevocable.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. To Be Completed by the College Human Resources Director or Designee**

Signature of College Human Resources Director or Designee:

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_