

OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street • Olean, New York 14760
<http://www.oleanschools.org>
General Information (716) 375-8000
Fax (716) 375-8047



O. E. S. P. A.

SICK BANK DONATION AUTHORIZATION

TO: OESPA PRESIDENT

FROM: _____ HOURS WORKED DAILY: _____

I AUTHORIZE ____ SICK DAY(S)** TO BE TRANSFERRED FROM MY SICK DAY BANK AND
CREDITED TO THE O.E.S.P.A. SICK BANK OF _____.

SIGNED _____

DATED: _____

****Per OESPA Contract Section 5.2--Other Benefits**

Employee may not contribute more than three (3) days per year for any given employee to utilize.

