**APPLICATION FOR SICK LEAVE BANK**

UNIFIED COURT SYSTEM EMPLOYEES ONLY

To apply for the sick leave bank, you and your doctor must fill-out the attached form completely.  You may either fax or mail the completed form to the fax number or to the address on the form, **NOT**the Local 1070 office.  The date that the Labor Relations Office receives the form will be considered the date of submission.

**DISABILITY CLAIM FORM - ALL MEMBERS**

Please read and follow all of the instructions or your claim may be delayed or returned.

**BENEFICIARY FORM - ALL MEMBERS**

This completed and notarized Change of Beneficiary form will designate who will receive your Death Benefit.   It is very important to keep this form updated.

**ENROLLMENT FORM - ALL MEMBERS**

In order for the DC 37 Health and Security Plan to provide Welfare Fund Benefits to you and your dependents, you must complete the attached enrollment form.

**DENTAL CLAIM FORM - ALL MEMBERS**

Please complete the form in its entirety.  If you have any questions, please call Maureen Castagnetti at 212-815-1335.

**LOST OPTICAL VOUCHER - ALL MEMBERS**

To replace an optical voucher,  this form must be completed, notarized and returned to DC 37 Health and Security Department, 125 Barclay Street, 8th Floor, New York, New York 10007

**AFFIDAVIT FOR STOLEN OR LOST DRUG I.D. CARD - CITY MEMBERS**

To replace a lost or stolen drug ID card, please print-out the form and provide the requested information.  Return the form to DC 37 Health and Security, 125 Barclay Street, New York, New York 10007.

**Change of Status Form – All Members**

This form is for both our City and State members. If you enroll (or change) any dependents, spouse or domestic partner. it is **Mandatory** that you attach all required documents.

**EMPLOYEES PAYROLL DISCREPANCY FORM – STATE MEMBERS**

This form allow employees to report any discrepancy in their pay.

**EXPOSURE FORM – ALL MEMBERS**

This form allows all members to document any incident of harmful exposure. Please fill out this form in its entirety. Once completed, keep a copy for your records.

**VOLUNTARY REASSIGNMENT – STATE MEMBERS**

Pursuant to Section 23.1(a) of the 2016-2019 Agreement between the State of New York Unified Court System and DC-37, Local 1070 competitive class title members may submit a Voluntary Request for Reassignment (transfer) form to the Office of Court Administration.

The term “reassignment” (transfer) means a change without further examination, of a permanent employee, from his or her present permanent title, position in the same grade and salary under a different administrative authority.

This form must me filled out completely and mailed to Albany, New York.

**DIRECT OPTICAL REIMBURSEMENT FORM – CITY MEMBERS**

Please read the attached form carefully. Claims filed later than 30 days from the date of service will be declared ineligible.

**DIRECT OPTICAL REIMBURSEMENT FORM – STATE MEMBERS**

Please read carefully The optical benefit is only available for one instance of service in each 12-month period.

**TIERS 3, 4, 5 and 6 LOAN APPLICATION – STATE MEMBERS**

See Pages 4 and 5 for instruction on completing this form. Albany will not accept fax applications. You must answer all questions in ink and the application must be signed and notarized, if not, it will be rejected.

**TUITION REIMBURSEMENT – ALL MEMBERS**

To apply for reimbursement, a member must submit an original application form for the term. At the end of the term, the member must submit a completed application forma log with a grade report or completion of course documentation. This information must be received no later than 120 days after the last day of class.

If you have taken a prep course, for instance, for an upcoming exam, you must pay up front and submit a completed application form, a letter of completion or certificate and a copy of your receipt to get the reimbursement.