

# WEBB COUNTY SICK LEAVE POOL APPLICATION 2014-2015

(All shaded areas are required)

Name _____		Department _____		
Home Address _____				
No. and Street Name _____		City _____	State _____	Zip Code _____
D.O.B. _____	Employee ID # _____		S.S.#(Last 4 Digits) _____	
Tel. # _____		E-mail _____		

## CONTRIBUTION TO SICK LEAVE POOL

The Sick Leave Pool Program can provide eligible employees with additional sick leave in times of catastrophic illness and it is the only allowable way that leave can be transferred from one county employee to another. You must contribute hours every year to maintain eligibility in the pool. If you do not contribute, you will not be eligible to withdraw.

You must have contributed in the present and previous FY to make a request to receive hours. There is no length of services requirement as long as you have the minimum 24 hours of Sick leave after your contribution and prior to the September accrual to contribute to the SLP program in which employees may contribute not less than one day (8 hours) or not more than five sick leave days (40 hours) during a fiscal year.

Please choose a box and complete. All information in the box is required to process the applications.

I, \_\_\_\_\_, wish to participate in the Sick Leave Pool for Fiscal Year 2014-2015.

<b>Employee Signature</b> _____	<b>Date</b> _____
Total number sick leave hours accrued: _____	_____
Total number sick leave hours contributed: _____	_____
Total number sick leave hours balance: _____	<b>**</b>

**\*\*Must have a minimum balance of 24 hrs. of Sick Leave for donation to be accepted\*\***

<input type="checkbox"/> I DO NOT Wish to participate in the Sick Leave Pool for Fiscal Year 2014-2015.	
<input type="checkbox"/> I am UNABLE to participate in the Sick Leave Pool for Fiscal Year 2014-2015.	
<b>Employee Signature</b> _____	<b>Date</b> _____

<input type="checkbox"/> Copy of Attendance Record (Attendance record reflecting SLP deduction is required to process)
<input type="checkbox"/> SLP deduction has been reported to Treasury on the feedback document

\_\_\_\_\_  
Verification by Department Head

\_\_\_\_\_  
Date