WEBB COUNTY SICK LEAVE POOL CONTRIBUTION FORM 2015-2016

(Please read carefully)

NAME: _____   **DEPT.:** _____

Home Address: _____

D.O.B: _____   **EMP. ID.** _____

S.S.# (Last 4 Digits) _____   **TEL.#** _____

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.

Chose a box, circle amount of hours, and sign to verify your contribution.

☐   **Yes**, I wish to participate in the Sick Leave Pool Program for FY 2015- 2016.

| 8.00 | 16.00 | 24.00 | 32.00 | 40.00 |

_____   **Date** _____

Signature

- -

☐   **No**, I am **UNABLE/ DO NOT** wish to participate in the Sick Leave Pool Program for FY 2015- 2016.

_____   **Date** _____

Signature

Please note that the minimum Sick Leave balance of 24 hour must be maintained through the month of September and your contribution must meet all requirement in order to be accepted. If you don't meet the requirement the donation will be returned to your Sick Leave balance after the verification process is complete.

I,_____ verify that the above named participant does meet the minimum 24 hour Sick Leave balance as of September 30, 2015, the donation has been deducted from the accrual balance and that the Treasury department has been sent notification of intended donation to the Sick Leave Pool Program.

_____   _____

Verification by Department Head   Date