

HIDALGO COUNTY SICK LEAVE DONATION FORM

RETURN TO HUMAN RESOURCES DEPARTMENT

Only employees with 12 or more months of continuous employment with the county or precinct will be allowed to contribute at least three (3) day but no more than five (5) days each year during open enrollment.

Name of Employee: _____ SSN _____

Department: _____ Date of Employment: _____

Accumulated Leave (Hours) A/L _____ S/L _____ C/T _____

Department Head/Supervisor

Date

I have read the Sick Leave Pool Policy concerning the Extended Sick Leave Pool and wish to contribute by donating 3 4 5 (Circle#) of my accrued sick leave days.

I understand that these days, once donated, will be subtracted from my sick leave days and cannot be returned.

I authorize the Hidalgo County Pool Administrator to place _____ (# of days) sick leave days in the Hidalgo County Sick Leave Pool. I understand that these days will be subtracted from my accrued sick leave days.

I ELECT NOT TO PARTICIPATE IN THE SICK LEAVE POOL

Employee's Signature

Date

Print Name

Human Resources Department Use Only:

Signature of Approval – Pool Administrator

Date

Signature of Approval – Designee

Date