

HIDALGO COUNTY SICK LEAVE DONATION FORM

RETURN TO HUMAN RESOURCES DEPARTMENT

Only employees with **12 months** of continuous employment with the county or precinct will be allowed to contribute **3 days** but no more than 5 days each year during open enrollment.

Name of Employee: _____ **Employee Number:** _____

Department: _____ **Date of Employment:** _____

Accumulated Leave (Hours) S/L _____

Department Head/Supervisor

Date

I have read the Sick Leave Pool Policy concerning the Extended Sick Leave 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.

A County and /or District employee who retires or resigns from County and/or District employment, whether or not such employee is a member of the Sick leave Pool, may contribute up to eighty hours of such employee's accrued, but unused, Sick Leave, to the Sick Leave Pool.

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.

I **do not** qualify to participate in the sick leave pool due to lack of hours.

I **do not** qualify to participate in the sick leave pool at this time not having completed 12months of employment with the county **but WILL NOTIFY SUPERVISOR OR TIMEKEEPER OF MY INTEREST IN PARTICIPATING AT THE TIME ONCE I QUALLIFY.**

Employee's Signature

Date:

Print Name

Social Security Number

<i>HUMAN RESOURCES DEPARTMENT USE ONLY:</i>	
_____ <i>Signature of Approval-Pool Administrator</i>	_____ <i>Date:</i>
_____ <i>Signature of Approval-Designee</i>	_____ <i>Date:</i>