

# Polk County Sick- Leave Pool Enrollment/Donation Form

Polk County employees must enroll in the sick leave program with a minimum donation of eight (8) hours to be eligible for the sick leave pool in the fiscal year in which the hours are donated. However, contributions to the pool **may not** **be** designated for the use of a particular employee.

Please read the items below to ensure you understand how the transfer of hours from your employee leave record will affect your leave during your current employment at Polk County.

- I understand the number of hours shown below will be deducted from my present accrued sick leave balance and transferred into the Polk County Sick Leave Pool.
- I understand that all donations are irrevocable and that the hours I donate will not be restored, when/if I return to work to Polk County.

I understand, if I am a Texas County & District Retirement System (TCDRS) participant, and should I retire with Polk County, the number of hours donated cannot be used to purchase creditable membership years of service towards my retirement benefits.

Complete this form and submit it to Polk County HR Director for their review and reconciliation of your leave record to ensure that your leave balance supports this request. Email to: [humanresources@co.polk.tx.us](mailto:humanresources@co.polk.tx.us)

Employee Name (Last, First, MI):

Employee Department:

## For Completion by Donating Employee (Active Employees)

Number of hours I wish to donate/transfer to the County Sick Leave Pool:   
Donations must be made in 8 hour increments up to 40 hours.

I have read the information above and understand how this transfer/donation will affect my current and future record.

\_\_\_\_\_  
Employee (Signature)

\_\_\_\_\_  
Date

## For Completion by Terminating Employee

Last day worked:  Number of hours to donate:  Are you retiring?  Yes  No

Have you accepted a position with another State agency?  Yes  No

If Yes, what agency:

Start date:

I have read the information above and understand how this transfer/donation will affect my current and future record.

\_\_\_\_\_  
Employee (Signature)

\_\_\_\_\_  
Date

### PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information Polk County collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you have the right to receive and review this information. Additionally, under Section 559.004 of the Texas Government Code, you are entitled to have Polk County correct any information about you that we hold and that is incorrect. The information collected by Polk County will be retained and maintained as required by Texas records retention laws (Section 441.180) of the Texas Government Code) and rules. Different types of information are kept for varying periods of time.