

SICK LEAVE POOL CONTRIBUTION

INSTRUCTIONS:

An employee must complete this form to contribute sick leave to the Sick Leave Pool. Please submit form to Human Resources Director.

I wish to contribute the following amount of my accrued sick leave to the Liberty County Sick Leave Pool to be used to benefit eligible employees who are unable to work due to catastrophic illness or injury. I understand that I may contribute a maximum of 24 hours of sick leave (in increments of 8 hours) per year. I also understand that my sick leave contribution will be returned to me only as an approved withdrawal from the Sick Leave Pool and only after I have exhausted my regular sick leave.

Employee Name (Print)

Department

CONTRIBUTION AMOUNT, CHECK ONE

_____ 8 HOURS

_____ 16 HOURS

_____ 24 HOURS

Employee Signature

Date

Department Head Signature

Date

NOTE: DONATIONS WILL ONLY BE ACCEPTED FROM OCTOBER 1ST THRU OCTOBER 31ST OF EACH YEAR. IF YOU DO NOT DONATE DURING THIS PERIOD, YOU WILL HAVE TO WAIT UNTIL NEXT FISCAL YEAR. AN EXCEPTION WILL BE GRANTED FOR INDIVIDUALS WHO HAVE JUST COMPLETED 12 MONTHS OF CONTINUOUS EMPLOYMENT AND HAVE NOT YET DONATED SICK LEAVE TO THE POOL.

THANK YOU FOR YOUR DONATION!