



WEBB COUNTY SICK LEAVE POOL CONTRIBUTION FORM 2016-2017

(Please read carefully)

NAME: _____ D.O.B: _____

DEPT.: _____ EMP. ID _____

HOME ADDRESS: _____

E-MAIL: _____

TELEPHONE.# _____ S.S.# (Last 4 Digits): _____

Sick Leave Pool Background

The Sick Leave Pool Program can provide eligible employees with additional sick leave in times of catastrophic illness. This is the only allowable way that leave can be transferred between employees. Your contribution is encouraged every year to maintain eligibility. If you do not contribute, you will not be eligible to withdraw.

To be eligible employee must:

- ▶ have minimum balance of 16 hours after contribution and at the end of November 2016
- ▶ contribute no less than 8 hours (1 day) or more than 40 hours (5 days)
- ▶ have contributed in the current and previous Fiscal Year

YES, I wish to participate in the Sick Leave Pool Program

Number of hours to be donated

8.00	16.00	24.00	32.00	40.00
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NO, I am **UNABLE/DO NOT** wish to participate in the Sick Leave Pool Program

Signature

Date

If I wish to participate, I agree to maintain a minimum of 16 hours of sick leave balance throughout the month of November and failure to maintain the minimum balance will disqualify my donation to the Sick Leave Pool Program. I must meet all requirements set forth and must turn in my application to Administrative Services no later than November 30, 2016 at 5:00 PM, if not my application will be disqualified. I understand that my donated hours will be subtracted from my available sick leave days, cannot be returned, and will be verified by Administrative Services and the Treasurer's Office.