HIDALGO COUNTY
SICK LEAVE DONATION FORM

RETURN TO HUMAN RESOURCE DEPARTMENT

Only employees with 12 or more months of continuous employment with the county or precinct will be allowed to contribute at least one day but no more than five 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 1 2 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 can not 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.

_____ _____
Employee's Signature Date

_____
Printed Name

Human Resource Department Use Only:

- Employee has attached completed P-2 form _____
- Employee has met all requirements _____

_____ _____
Signature of Approval – Pool Administrator Date

_____ _____
Signature of Approval – Designee Date