

CONTRIBUTION TO SICK LEAVE POOL

Addendum A

INFORMATION FOR EMPLOYEES

1. By completing Section I of the voucher, you may join the Sick Leave Pool or make additional contributions to the pool.
2. Contributions are voluntary and irrevocable.
3. There are three qualifications on contributions to the pool.
 - a. You must be eligible to use sick leave (completed the 90-day qualifying period).
 - b. The minimum sick leave contribution is 8 hours; the maximum contribution is 40 hours (these amounts are prorated for part time employees).
 - c. After your contribution, you must still have at least 40 hours of personal sick leave remaining in your own account (this amount is also prorated for part time employees).
4. I understand that participation in the pool or agreeing to receive direct grants constitutes my agreement to exhaust all accrued annual sick leave.
5. No sick leave earned before July 1, 1971 may be contributed.
6. To join or contribute, complete and sign Section I of this form. Return the form to your Elected Official/Department Head.

Section I (to be completed by employee)

I wish to contribute _____ hours of my personal sick leave to the Sick Leave Pool.

name

Department

social security number

work phone number

signature

date

Section II (to be completed by employee's Department Head)

_____ is eligible to contribute to the Sick Leave Pool.

The employee's total contributions to the pool and direct grants to other employees have not exceeded 40 hours in the past 12 months.

The employee's sick leave balance will remain at 40 hours or more after this contribution.

The employee's personal sick leave balance will be debited _____ hours or more after this contribution.

signature

date

Risk Manager

date