

FORT BEND COUNTY
SHARED SICK LEAVE POOL DONATION FORM
Form 712-D

TO: Shared Sick Leave Pool Administrator
c/o Human Resources Department

FROM: _____ DEPARTMENT NAME: _____

DATE: _____

Please accept this memo as authorization to deduct hours from my accrued sick leave balance, to be credited to the Fort Bend County Shared Sick Leave Pool (Pool). I am donating _____ hours (minimum = 8 hours, maximum = 40 hours or 80 if terminating or retiring)

The purpose for my donation is:

- To self-enroll in the Pool
- Pool enrichment donation (I am already a Pool member)
- I am terminating employment or retiring from Fort Bend County, and wish to donate a portion of my unused accrued sick leave to the Pool (up to 80 hours may be donated).

OR

Enrollment of Others

- I am donating _____ hours (8 minimum) to contribute to the enrollment of another qualifying employee who has worked for the County at least 12 months and has a sick leave accrual balance of 40 hours or more. **A combined total of 40 hours or more must be donated on this employee's behalf.**

(Name and Department of employee to be enrolled)

I have read and understand Section 712, Shared Sick Leave Pool, of the Employee Information Manual. I agree to abide by all the rights and responsibilities detailed in the policy.

Signature of Employee: _____ Date: _____

Printed Name: _____ Department: _____

For questions regarding the Shared Sick Leave Pool, please contact Kathy Novosad in Human Resources at 281-341-8624.