

ECTOR COUNTY SICK LEAVE POOL MEMBERSHIP APPLICATION

Membership in the Ector County Sick Leave Pool is available to all full-time employees who accrue sick leave benefits and have been employed for at least 12 months.

I have read the rules and guidelines in the Ector County Sick Leave Pool Policy concerning the Pool and desire to become a member by donating one (1) to five (5) sick leave days to the Pool.

I understand that these days, once donated to the Pool for membership, will be subtracted from my available sick leave days. All donations to the Pool become the property of the Pool and cannot be returned even upon cancellation of membership.

My authorization to deduct days from my accumulated sick leave is verified by my signature below.

Employee _____ Department _____
(Print Full Name)

Social Security Number _____ Number of days to be donated _____

Signature _____ Date _____

***** **DO NOT CUT THIS FORM IN HALF** *****

I have read the above information concerning the County's Sick Leave Pool and I do not wish to become a member.

Signature _____ Date _____

Social Security Number _____ Department _____

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT.

NOTE: DONATIONS WILL ONLY BE ACCEPTED FROM 10/01 THRU 10/31. IF YOU DO NOT DONATE DURING THIS PERIOD, YOU WILL HAVE TO WAIT UNTIL NEXT FISCAL YEAR. THE ONLY EXCEPTION WILL BE FOR INDIVIDUALS WHO HAVE JUST COMPLETED 12 MONTHS OF CONTINUOUS EMPLOYMENT AND HAVE NOT YET DONATED SICK LEAVE TO THE POOL. YOU MUST DONATE EACH YEAR TO REMAIN ELIGIBLE TO USE TIME FROM THE POOL.

From October 1, 2016 to September 30, 2017, eleven (11) employees benefited from your donations to the Sick Pool. They were given a combined amount of 1,929.17 hours of paid time off to take care of a family member or for their own serious health issues. Your donation makes a difference!