ECTOR COUNTY APPLICATION FOR SICK POOL DAYS

NAME	SS#
DEPARTMENT	POSITION
First date absent for this illness	
Date returned to work or expected to return	
Number of days absent for this illness	
The above days requested are needed due to illness/injury described below:	
	Date
Signature of Employee or Family Member	
PLEASE RETURN THIS FORM TO THE POOL DIRECTOR	ADMINISTRATOR/HUMAN RESOURCES