

# NAVARRO COUNTY, TEXAS SICK LEAVE POOL CONTRIBUTION

This form should be used to donate accrued sick leave to the Sick Leave Pool. Submit a signed original to the Sick Leave Pool Administrator for approval.

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NAME \_\_\_\_\_

SSN \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

I wish to contribute the following amount of my accrued sick leave to the Navarro County Sick Leave Pool to be used to benefit eligible employees who are unable to work due to catastrophic illness or injury. I understand that I may contribute a maximum of 24 hours of accrued sick leave (in increments of eight (8) hours) per fiscal year. I also understand that I may request that my sick leave contribution be returned to me only if I exhaust my regular sick leave within the same fiscal year.

### CONTRIBUTION AMOUNT:

8 hours

16 hours

24 hours

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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### TO BE COMPLETED BY THE POOL ADMINISTRATOR

Approved      No. Hours \_\_\_\_\_

Denied

SIGNATURE OF POOL ADMINISTRATOR \_\_\_\_\_

DATE \_\_\_\_\_