

BEE COUNTY SICK LEAVE POOL CONTRIBUTION OF LEAVE TIME

It is my desire to contribute sick leave time from my personal employee time to the Bee County sick pool. I understand I may contribute my time according to my months of service as indicated below:

POOL LEAVE	Number of Hours Contributed		
Months of Bee County Service	8	16	24
	Allowable Workdays*		
13-24	20	30	40
25-48	30	40	50
49-60	40	50	60
61-96	50	60	70
97 Plus	70	80	90
*For the purpose of pool leave, workdays shall be based on eight hours per day for full-time employees.			

I am contributing _____ hours or _____ days of sick leave time.

Employee Name: _____

Employee's Signature: _____

Date: _____

Date Received by HR Department: _____

Administrator's Signature: _____