

CONTRIBUTION TO SICK LEAVE POOL

I, _____, do hereby authorize _____ (not to exceed 3
of days/hours
days/24 hours) of my accrued sick leave to be placed in the sick leave pool. In signing
this form, I understand the policy and procedures pertaining to the sick leave pool.

Date

Signature

Employee ID #

Agency

Processed By

Date Processed

With few exceptions, you have the right to request, review, and correct information about yourself collected using this form.