

**SHARED SICK LEAVE POOL DONATION AND ENROLLMENT FORM**

FORM 712D

*This form is to be used to enroll in the Fort Bend County Shared Sick Leave Pool or to make an enrichment donation to the Pool, in accordance with Policy 712. Please provide the requested information below, and return the completed form to Human Resources by interoffice mail, fax (281-341-8615), or e-mail to Kim.Dzierzanowski@fbctx.gov.*

Employee Name \_\_\_\_\_ Emp.ID \_\_\_\_\_

Department/Office \_\_\_\_\_

**Shared Sick Leave Pool Administrator: Please accept this document as authorization to deduct hours from my accrued sick leave balance, to be credited to the Fort Bend County Shared Sick Leave Pool.**

I am donating \_\_\_\_\_ hours to the Pool:

Self-enroll in the Pool. (8 hours minimum, 40 maximum)

Pool enrichment donation. I am already a Pool member. (40 hours maximum)

I am terminating employment or retiring from Fort Bend County, and wish to donate a portion of my unused sick leave to the Pool. (80 hours maximum)

Contribute to the enrollment of another qualifying employee who has worked for the County at least 12 months and has a sick leave accrual balance of 40 hours or more. (A combined

**40 hours minimum** must be donated on behalf of this employee by one or more employees.)

Name of employee to be enrolled: \_\_\_\_\_

I have read and understand the Employee Information Manual, *Section 712, Shared Sick Leave Pool*. I agree to abide by all the rights and responsibilities detailed in the policy.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

*For questions regarding the Shared Sick Leave Pool, please contact Kim Dzierzanowski in Human Resources at 281-341-8616.*