

**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.*