



Application for Membership in the Sick Leave Pool

Name: _____

Department: _____ Social Security Number: _____

I, the undersigned employee, request membership in the BCC Employees' Sick Leave Pool. I have read the eligibility requirements and rules governing the Sick Leave Pool and its operation and am an eligible county employee. I subscribe to the rules of the Sick Leave Pool, and understand that membership is voluntary and continuous until I request termination on the approved form or cannot meet eligibility requirements regarding contributions. I further acknowledge and agree that if I terminate employment or membership in the Sick Leave Pool, any sick leave contributed to the Pool shall be deemed forfeited to the Pool. I further acknowledge and agree that if the Sick Leave Pool dissolves for any reason, the balance of sick leave which has been contributed shall be divided equally among current members at the time of dissolution.

I request that the initial contribution of eight (8) hours of sick leave be transferred from my leave balance to the Sick Leave Pool, and authorize an additional contribution of sick leave upon depletion of the pool (not to exceed sixteen (16) hours in any one calendar year).

Employee Signature

Date

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Sick Leave Balance: _____ as of pay period ending _____
(Minimum balance required: 80 hours)

Date of full-time employment: _____