



Updated July 10, 2018

ROCKWALL COUNTY SICK LEAVE POOL CONTRIBUTION

It is my desire to contribute hours from my sick leave time to the Rockwall County sick leave pool.

Select one of the following:

_____ I am contributing _____ days of sick leave time. As a continuing employee, I can contribute a minimum of 1 day and a maximum of 5 days each fiscal year per the Rockwall County Sick Leave Pool Policy.

_____ I am leaving my position with Rockwall County and wish to contribute my remaining hours of sick leave time, not to exceed 10 days, as of the date that I go off the Rockwall County payroll.

*An employee's "day" is the equivalent to the number of hours in a regular shift.

(For additional information, see the Sick Leave Pool Policy.)

Name: *(Print or type)* _____

Signature: _____

Date: _____

The information below is to be completed by the Payroll Department:

Entered by: _____ Enter Date: _____

Number of Sick Leave Hours Contributed: _____