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HCCS FORM - 13
Human Resources

HIDALGO COUNTY SICK LEAVE DONATION FORM

RETURN TO HUMAN RESOURCES DEPARTMENT

Only employees with 12 months of continuous employment with the county or precinct will be allowed to contribute 3 days but no more than 5 days each year during open enrollment.

Name of Employee: Rene Rodriguez SSN _____

Department: Precinct 1 Date of Employment: 10/11/08

Accumulated Leave (Hours) S/L 32

Alycia D. Jaramilla
Department Head/Supervisor

11-19-08
Date

I have read the Sick Leave Pool Policy concerning the Extended Sick Leave and wish to contribute by donating 3 4 5 (Circle#) of my accrued sick leave days.

I understand that these days, once donated, will be subtracted from my sick leave days and cannot be returned.

I authorize the Hidalgo County Pool Administrator to place _____ (# of days) sick leave days in the Hidalgo County Sick Leave Pool. I understand that these days will be subtracted from my accrued sick leave days.

- I elect not to participate in the sick leave pool.
- I do not qualify to participate in the sick leave pool due to lack of hours.
- I do not qualify to participate in the sick leave pool at this time not having completed 12 or more months of employment with the county but would like to enroll once I qualify.

Rene Rodriguez
Employee's Signature

11-12-2008
Date

Rene Rodriguez
Print Name

HUMAN RESOURCES DEPARTMENT USE ONLY:

Employee has met all requirements _____

Robert A. Carter Signature of Approval - Pool Administrator _____ Date 12/2/08

Signature of Approval - Designee _____ Date _____