



MONTGOMERY COUNTY SICK LEAVE POOL CONTRIBUTION FORM FOR CALENDAR YEAR 2011

I wish to contribute hours to the Montgomery County Sick Leave Pool to be used to benefit eligible employees who are unable to work due to a catastrophic illness or injury. **(Catastrophic illness or injury is defined as "a severe condition or combination of conditions that most likely would result in death if not treated.")** I understand that I must donate a minimum of 8 (maximum of 16) hours to the pool by January 31 of a calendar year in order to be eligible to receive hours from the pool during that same year. I must also have been approved for FMLA leave as discussed in Section 4.7 of the Montgomery County Employee Policy Manual.

My contribution to the Sick Leave Pool is: ☐ 8 hours ☐ 16 hours

Employee No. _____

Employee's Name (print or type)

Department

Employee's Signature

Date

The above request is: ☐ approved ☐ denied.

Reason: _____

Signature of Pool Administrator

Date

This form will be returned to the employee only when the request to contribute has been denied.