

SICK LEAVE POOL CONTRIBUTION

Instructions:

An employee must complete this form to contribute sick leave to the Sick Leave Pool.

Please submit one original to the Human Resources Director and a copy to your supervisor.

Records of contributions will be maintained in the Human Resources Department.

I wish to contribute the following amount of my accrued sick leave to the Hardin County Sick Leave Pool to be used to benefit eligible employees who are unable to work due to a catastrophic illness or injury. I understand that I may contribute a maximum of 24 hours of sick leave (in increments of 8 hours) per year. I also understand that my sick leave contribution will be returned to me only as an approved withdrawal from the Sick Leave Pool and only after I have exhausted my regular sick leave.

Employee Name (Print)

Social Security #

Department

Contribution Amount, Check One:

☐ 8 Hours

☐ 16 Hours

☐ 24 Hours

☐ 32 Hours

☐ 40 Hours

☐ Other Amount _____ hours

Employee Signature

Date

Supervisor Signature

Date

Note: Donations are only accepted between October 1 and October 30 of each year, with the exception of the first year (October 1, 2025 – September 30, 2026). Please get this form submitted to the Human Resources Director by no later than October 30th.