

APPLICATION FOR MEMBERSHIP AND CERTIFICATE OF TRANSFER IN THE SICK LEAVE POOL

Name:

Employee ID:

Job Title:

Bureau/Division:

I, the undersigned employee, request membership in the BCC Employee's 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 my employment under the Board of County Commissioners terminates or my membership in the Sick Leave Pool is terminated any sick leave, Paid Time Off (PTO), or Extended Leave Bank (ELB) 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, Paid Time Off (PTO), or Extended Leave Bank (ELB), which has been contributed, shall be divided equally among current members at the time of dissolution.

I authorize the Bureau/Division to certify my leave balances to the Human Resources Division and request that 12 hours of Sick Leave, Paid Time Off, or Extended Leave Bank be transferred from my leave records to the Sick Leave Pool.

Applicant's Signature

Date

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FOR BUREAU/DIVISION USE ONLY

I certify that I am the Bureau/Division Recordkeeper and am authorized to attest to the following for the above employee as of the end of the preceding month:

Leave Balance Status: _____ hours as of the end of _____ (month/year). (Minimum balance required to apply: 100 hours of sick leave for classified service employees; 100 hours of Paid Time Off (PTO)/Extended Leave Bank (ELB) for unclassified service employees).

Employee has maintained a full-time position for at least twelve (12) months preceding application for membership. Date of full-time employment:

Amount of Sick, PTO, or ELB Leave Transferred: 12 Hours

Bureau/Division Recordkeeper Signature

Job Title

Received/Processed by Human Resources:

Sick Leave Pool Coordinator: _____

Date: _____