



GRAYSON COUNTY TEXAS
SICK LEAVE POOL

**CONTRIBUTION OF SICK LEAVE
UPON TERMINATION OF EMPLOYMENT**

EMPLOYEE ACKNOWLEDGEMENT

Upon termination of employment, it is my desire to make a contribution to the Grayson County Sick Leave Pool. I understand that I may contribute up to ten (10) days (8 hour days) to the sick leave pool.

CONTRIBUTION ELECTION

I elect to contribute the following number of Sick Leave hours:

I wish to contribute: _____ 8 hour days or a total of _____ hours.

NOTE: For complete information on how the Sick Leave Pool operates you may request a copy of the Grayson County Sick Leave Pool Policy.

Employee Printed Name _____

Signature: _____

Date _____

Return this form to the Human Resources Department

For Human Resources Use:

Date of Termination: _____

Employee Leave Balance adjusted: Date: _____ Initial: _____

Sick Pool Balance adjusted: Date: _____ Initial: _____