

**Sick Leave Pool Enrollment Form**

I wish to join the Polk State College Sick Leave Pool. I understand that my participation is voluntary and that I may withdraw from the pool at any time by submitting a signed, written request to Human Resources.

I am currently a full-time employee and have been employed by PSC for at least one calendar year. I also currently have at least 6 days (48 hours) or more of accrued sick leave in my account. I authorize PSC to deduct 2 days (16 hrs) from my personal sick leave and deposit the time into the sick leave pool upon receipt of this form. I understand that the PSC Sick Leave Pool committee will periodically require me to contribute more days of sick leave to the pool. This additional donation will be automatically deducted from my sick leave account after I have been notified of the new deduction and have been given at least five (5) working days to voluntarily withdraw from the pool.

I understand that I must use all of my sick leave, personal leave, vacation, and compensatory time before I am eligible to use the sick leave pool. I may be dropped from membership in the sick leave pool if I abuse the use of leave from the pool or if I do not have enough leave in my account to cover a required donation(unless I am currently drawing sick leave from the pool).

I further understand that none of the sick leave that I have donated will be returned to me except through my legitimate use of the pool. I have read the Sick Leave Pool Procedures ( #6080) and understand the rules and procedures regarding sick leave pool participation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**PID Number**

HR Use Only:		
Received in HR _____ (Date)	Processed _____ (Date)	Initials _____