

**GOLIAD COUNTY SICK LEAVE POOL
MEMBERSHIP APPLICATION**

Membership in the Goliad County Sick Leave Pool is available to all full time employees or part time employees, scheduled to work at least 25 hours per week, who accrue sick leave benefits and have been employed by Goliad County for at least 12 months.

I understand that I may donate from one (1) to five (5) sick leave days (8 to 40 hours) to the pool.

I understand that these days, once donated to the pool, will be subtracted from my available sick leave days. All donations to the Pool become the property of the Pool and cannot be returned even upon cancellation of membership.

My authorization to deduct days from my accumulated sick leave is verified by my signature below.

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Employee _____

Department _____

Number of Hours to donate _____

Signature _____ Date _____