

Sick Leave Pool and Family Leave Pool Donation Form

Employee Information

Name _____ EMPLID _____

Home Address _____ City _____ State _____ Zip _____

Personal Email _____ Work Email _____

Are you retiring? _____ Yes _____ No Are you terminating employment? _____ Yes _____ No

An employee may donate any number of sick hours to the Sick Leave Pool or an employee may donate any number of sick hours or vacation hours to the Family Leave Pool. I hereby donate the following number of hours to the Pool of my choice. All employees are advised to consult their independent attorney, accountant, or tax professional regarding tax implications prior to donating leave.

Sick Leave Pool Contribution

- I understand that the value of the donated leave will not invoke tax consequences for me.

Total number of sick hours donated: _____

Family Leave Pool – Serious Illness and Major Disaster

- I understand that the value of the donated leave will not invoke tax consequences for me.
- This includes hours for caring for a seriously ill immediate family member or the employee, and pandemic-related illnesses or extenuating circumstances caused by a pandemic.

Total number of sick hours donated: _____ Total number of vacation hours donated: _____

Family Leave Pool – Non-Serious Illness

- I understand that the value of the donated leave will invoke tax consequences for me.
- Example: (Value of hours donated X 22%) 40 hrs donated value at \$25/hr = \$1,000 x 22% = \$220 tax consequences
- This includes hours for bonding time with a child following birth, adoption, or foster placement, and closure of a school or daycare.

Total number of sick hours donated: _____ Total number of vacation hours donated: _____

I understand that all sick and vacation leave hours' contributions to the Sick Leave Pool and/or Family Leave Pool are strictly voluntary and irrevocable. I cannot reclaim contributions unless I am entitled to use leave from the Sick Leave Pool or Family Leave Pool.

Employee Signature _____ Date _____