



## Dallas County Catastrophic Leave Pool Donation Form (Voluntary Donations Only)

<b>Employee No:</b>	<b>Employee Name:</b>
<b>Contact Phone No:</b>	<b>Department:</b>
<b>Vacation Hours (Total):</b>	<b>Sick Hours (Total):</b>

In accordance with the Catastrophic Sick and Vacation Pool Policy, I authorize a direct donation of my accrued sick and/or vacation leave to the Catastrophic Sick and Vacation Pool. In making this decision I understand:

- Contributions to the pool are voluntary.
- Donated sick or vacation leave will no longer be my property and will be deducted from my sick or vacation leave balance accordingly. I further understand that this decision is irrevocable. I may not designate who may receive the sick or vacation leave.
- If I want to be eligible for Catastrophic Leave, I must donate a minimum of one day (8 hours) of accrued sick or vacation leave.

### Eligibility to Donate

**Employees must meet all** qualifications to be eligible to make donations:

1. You must be a regular, full-time non-probationary employee who have completed twelve months of continuous service.
2. Contribute no less than eight (8) hours and no more than forty (40) hours of accrued vacation and sick leave or combination thereof per fiscal year **unless resigning, terminating or retiring**. If resigning, terminating or retiring an additional 80 hours is allowed for a total of 120 hours for the fiscal year.
3. You must have at least 80 hours (10 days) of combined sick or vacation time left in your leave bank (not applicable for those donors who are terminated, resigning, or retiring in order to donate).
4. You must donate during the open enrollment periods or when you are terminated, resign, or retire.

I wish to participate in the Catastrophic Sick and Vacation Pool.

Yes, I choose to donate the following sick hours (check one):  8.00  16.00  24.00  32.00  40.00

Yes, I choose to donate the following vacation hours (check one):  8.00  16.00  24.00  32.00  40.00

I am terminating, retiring, or have resigned and I voluntarily choose to donate the following hours:

Sick:  8.00  16.00  24.00  32.00  40.00  48.00  56.00  64.00  72.00

80.00  88.00  96.00  104.00  112.00  120.00

Vacation:  8.00  16.00  24.00  32.00  40.00  48.00  56.00  64.00  72.00

80.00  88.00  96.00  104.00  112.00  120.00

**Note: combined vacation and sick leave donation hours cannot exceed five days (40 hours) or 15 days (120 hours) if terminating, retiring or resigning.**

**Note: Subsequent donations will require the completion of a new voluntary donations form.**

**I have read and understand the terms and conditions on this form and the Dallas County  
Catastrophic Sick and Vacation Leave Pool Policy.**

**Employee Signature:**

**Date:**

**HR Administrator Only**

Your request to donate to the Catastrophic Leave Pool is:    **Approved**             **Denied**

**Comments:**

**Administrator's Signature:**

**Date:**

**Payroll Division Only**

Credit the Dallas County Catastrophic Leave Pool with \_\_\_\_\_ hours of leave.

**Debit the employee's account:** Hours of Sick Leave: \_\_\_\_\_ Hours of Vacation Leave: \_\_\_\_\_

**Processed by (Print Name):**

**Signature:**

**Date Processed:** \_\_\_\_\_