



## CATASTROPHIC LEAVE POOL DONATION FORM

Employee Name: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

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I voluntarily elect to participate in the City of Round Rock Catastrophic Leave Pool.

I am donating: \_\_\_\_\_ Sick Hours \_\_\_\_\_ Vacation Hours

I understand:

- That I must have a remaining balance of 80 hours sick or vacation leave after donating to the pool.
- That leave is to be submitted in increments of eight hours for non-firefighting employees and twelve hours for firefighting employees.
- That I can not designate who will receive the donated leave.
- The hours contributed are irrevocable
- I must complete a new form for each donation to the pool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### DONATIONS OF ACCURED SICK TIME BY TERMINATING EMPLOYEES:

For terminating, (resigning or retiring) employees, please provide the following:

- Amount of time contributing to the City of Round Rock Catastrophic Leave Pool:  
\_\_\_\_\_ hours. (Not to exceed 160 hours)
- Effective date of termination: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date