



CATASTROPHIC LEAVE POOL DONATION FORM

Employee Name: _____ Employee Number: _____
(Print)

Date: _____

CURRENT EMPLOYEES:

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

I am donating: _____ Sick Hours

I understand:

- That I must have a remaining balance of 100 hours of sick 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

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

HRD: HR _____ Date _____ Payroll _____ Date _____