



HILL COUNTY SICK LEAVE POOL APPLICATION

Name of Applicant: _____

Department/Position: _____

Contact Information: Office _____ Home _____

Number of Days Requested: _____

Date Leave Will Begin: _____ Date Leave Will End: _____

Employee Signature

Date

Approved by Committee: _____ YES _____ NO

If denied, list reason(s): _____

If approved, list beginning date and total number of hours authorized for employee:

Committee Member/Date

Committee Member/Date

Committee Member/Date

Committee Member/Date