



## 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