



## Sick Leave Pool and Family Leave Pool Donation Form

### Employee Information

Name \_\_\_\_\_ EMPLID \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Personal Email \_\_\_\_\_

Work Email \_\_\_\_\_

Are you retiring? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you terminating employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

An employee may donate any number of sick hours to the Sick Leave Pool or an employee may donate any number of sick hours or vacation hours to the Family Leave Pool. I hereby donate the following number of hours to the Pool of my choice. All employees are advised to consult their independent attorney, accountant, or tax professional regarding tax implications prior to donating leave.

### Sick Leave Pool Contribution

- I understand that the value of the donated leave will not invoke tax consequences for me.

Total number of sick hours donated: \_\_\_\_\_

### Family Leave Pool – Serious Illness and Major Disaster

- I understand that the value of the donated leave will not invoke tax consequences for me.
- This includes hours for caring for a seriously ill immediate family member or the employee, and pandemic related illnesses or extenuating circumstances caused by a pandemic.

Total number of sick hours donated: \_\_\_\_\_

Total number of vacation hours donated: \_\_\_\_\_



**Family Leave Pool** – Non-Serious Illness

- I understand that the value of the donated leave will invoke tax consequences for me.
- Example: (Value of hours donated X 22%) 40 hrs donated value at \$25/hr = \$1,000 x 22% = \$220 tax consequences.
- This includes hours for bonding time with a child following birth, adoption, or foster placement, and closure of a school or daycare.

Total number of sick hours donated: \_\_\_\_\_

Total number of vacation hours donated: \_\_\_\_\_

I understand that all sick and vacation leave hours' contributions to the Sick Leave Pool and/or Family Leave Pool are strictly voluntary and irrevocable. I cannot reclaim contributions unless I am entitled to use leave from the Sick Leave Pool or Family Leave Pool.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_