

Contribution to the Sick or Family Leave Pool

Name: _____ PSID#: _____

Business Email: _____

Personal 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 (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)

EX. (Value of hours donated times 22%) 40 HRS donated value at 25.00 hr. = \$1,000.00 X 22% = \$220.00 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 or Family Leave Pool are strictly voluntary and that I cannot reclaim contributions unless I am entitled to use leave from the Sick Leave Pool or Family Leave Pool.

Signature of Employee: _____ Date: _____

Total number of hours donated: _____