



Application for Membership in the Compassionate Leave Pool

Name:

Department:

SSN (Last 4 Digits):

I, the undersigned employee, request membership in the BCC Employees' Compassionate Leave Pool. I have read the eligibility requirements and rules governing the Compassionate Leave Pool and its operation and am an eligible county employee. I subscribe to the rules of the Compassionate Leave Pool, and understand that membership is voluntary and continuous until I request termination on the approved form or cannot meet eligibility requirements regarding contributions. I further acknowledge and agree that if I terminate employment or membership in the Compassionate Leave Pool, any annual leave contributed to the Pool shall be deemed forfeited to the Pool. I further acknowledge and agree that if the Compassionate Leave Pool dissolves for any reason, the balance of annual leave, which has been contributed, shall be divided equally among current members at the time of dissolution.

I request that the initial contribution of eight (8) hours of annual leave be transferred from my leave balance to the Compassionate Leave Pool, and authorize an additional contribution of annual leave upon depletion of the pool (not to exceed sixteen (16) hours in any one calendar year).

Employee Signature

Date

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Annual Leave/Comp Time Balance:

As of Pay Period Ending:

(Combined minimum balance required: 80 hours)

Date of Full-Time Employment: