

PANOLA COLLEGE
Sick Leave Pool Contribution Form

Name: _____

It is my desire to contribute the following amount of time from my accumulated sick leave. I understand that the Office of Human Resources will deduct the time at a rate of 8 hours per day from my accumulated time off.

1 day _____ 2 days _____ 3 days _____ 4 days _____ 5 days _____

Employee Signature

Date

Human Resources Office

Date