

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