

# Monroe County Sheriff's Office

## Sick Leave Pool Application

Name \_\_\_\_\_

Payroll I.D. # \_\_\_\_\_

Position \_\_\_\_\_

**I wish to apply for membership in the Monroe County Sheriff's Office Sick Leave Pool. I hereby certify that my participation is voluntary and I have read and understand the rules which explain the terms and conditions of membership in the pool.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**I authorize an initial contribution of eight hours of sick leave to the pool and additional contributions of sick leave upon depletion of the pool.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**