



Sick Leave Pool Withdrawal/Contribution Form

City of South Padre Island
4601 Padre Blvd.
South Padre Island, TX 78597
Phone: (956) 761-8102
Fax: (956) 761-3888

Date Submitted

Employee Name

Employee #

Department / Division

The City of South Padre Island Sick Leave Pool provides a benefit to eligible employees who have exhausted accrued vacation and sick leave by virtue of a catastrophic injury or illness of their own or that of an immediate family member. The Sick Leave Pool will be administered by the Human Resource Division of the City.

Contribution Request

Contributions to the Sick Leave Pool may be made at any time on a strictly voluntary basis. All donations to the Sick Leave Pool must be in increments of 8 hours or more and may not exceed eighty hours (80).

I would like to donate _____ hours of sick leave to the Sick Leave Pool.

Withdrawal Request

All full-time regular employees who have been employed by the City for one year or longer are eligible to participate in the Sick Leave Pool. An employee may not withdraw an amount of sick leave that exceeds ninety (90) days. Employees are limited to one withdrawal request per calendar year.

In the event the employee has not previously provided the City with a Medical Certification supporting catastrophic injury or illness underlying the need for the leave, such a Medical Certification must be submitted with the Sick Leave Pool Withdrawal Request Form. All medical information obtained pursuant to this policy will be maintained as confidential information by the City to the extent allowed by law.

I would like to request _____ hours of sick leave from the Sick Leave Pool.

Employee Signature

Department Director Signature

City Manager's Signature