



APPLICATION FOR VOLUNTARY SHARED LEAVE POOL

As per Box Elder County Policy 21, employees may contribute vacation hours, including those that would be lost (hours over 160) at the beginning of the year (first paycheck in January) to a general Voluntary Shared Leave (VSL) Pool. The minimum opt-in contribution is 8 hours. Employees who have exhausted all available leave due to a prolonged medical condition of their own or that of an immediate family member, are a participant of the pool, and have used 25 workdays (paid or unpaid) of their own leave may then apply to use hours from the VSL pool. **Deadline to participate in 2019 and donate vacation hours to the VSL Pool is January 4th at 5:00 p.m.**

Part 1. Employee Information

Employee Name: _____ Department: _____

Home Phone: _____

Part 2. Employee Leave Time Donation Information

I, _____, request that Box Elder County deduct _____ vacation hours (minimum 8 hours) from my accrual balance and place them in the Voluntary Shared Leave Pool. I acknowledge that once hours have been deducted, they will not be returned to me under any circumstances. I certify that I am voluntarily participating in this program.

Employee Signature

Date

Part 3. Employer Verification

Date of Paycheck for contribution of hours: _____

Copy to Payroll: _____

Human Resources Representative Signature

Date