



County Commissioners:

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Sick Leave Pool Request Form

I, _____ am requesting _____ days/hours from Montezuma County Employee's sick leave pool. This time is requested from _____ to _____.
(not to exceed 45 days in any one calendar year.)

As of today's date I have a balance of _____ vacation hours, _____ sick leave hours and _____ comp hours due to me. After using this time there will be no other time available for me.

I have submitted and attached a written statement from my physician stating the reason for this request.

I understand that if I am not working I will not earn vacation or sick days while I am drawing days from the sick leave pool.

Employee's signature

Date

Approved:

Department Head: _____

Date signed: _____

Original must be returned to Administration.