

**CITY OF CLEARWATER  
SAMP SICK LEAVE POOL DONATION FORM**

**TO:** Payroll

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**I voluntarily elect to donate the following number of full days (limit of 4 days total per calendar year) to the SAMP Sick Leave Pool to be used for the benefit of eligible SAMP City employees:**

\_\_\_\_\_ **Floating Holidays**

\_\_\_\_\_ **Vacation Days**

\_\_\_\_\_ **Sick Days**

\_\_\_\_\_ **Sick Leave Incentive Days**

**I UNDERSTAND THAT THIS CONTRIBUTION IS IRREVOCABLE AND MAY BE USED FOR THE BENEFIT OF ANY ELIGIBLE SAMP EMPLOYEE AS DETERMINED BY THE SAMP SICK LEAVE POOL COMMITTEE.**

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

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

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Employee ID Number**

\_\_\_\_\_  
**Scheduled Biweekly Hours (75 or 80)**