

# Sam Houston State University Human Resources

## Sick Leave Pool Application & Approval Form

A request for Sick Leave Pool must be completed by the employee and submitted to Human Resources with completed medical certification forms. Employees must meet the Sick Leave Pool eligibility requirements for catastrophic injury or illness. Please refer to Human Resources Policy B-1 for additional details and eligibility requirements.

Name: \_\_\_\_\_ Sam ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Date Absence Began: \_\_\_\_\_ Anticipated Return to Work Date: \_\_\_\_\_

### Sick Leave Pool Usage Requested:

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

I wish to request \_\_\_\_\_ hours from the Sick Leave Pool.

I have received an award of Sick Leave Pool before.  Yes  No

If yes, please provide approximate date of award: \_\_\_\_\_

Completed medical certification:  Was submitted to Human Resources.  Will be submitted to Human Resources.

*Employees must exhaust all earned leave with pay entitlements before using leave from the pool.*

### Employee Acknowledgement & Signature:

I understand that a completed *Certification of Health Care Provider for Employee's Serious Health Condition* (WH-380-E) must be provided to Human Resources prior to the granting of a Sick Leave Pool request. I understand the Sick Leave Pool request must be sent through administrative channels. The amount of pool leave granted is limited to one-third of the balance of hours in the pool, or ninety (90) working days, whichever is less. Sick Leave Pool will run concurrently with FMLA (if applicable).

(Advise employer in comments section if you are or will be receiving loss of benefit or wage payments from a third party.)

Employee: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

### Administrative Acknowledgement/Approval:

Supervisor: \_\_\_\_\_  Acknowledged Date \_\_\_/\_\_\_/\_\_\_

Dept. Head/Chair: \_\_\_\_\_  Acknowledged Date \_\_\_/\_\_\_/\_\_\_

Dean (if applicable): \_\_\_\_\_  Acknowledged Date \_\_\_/\_\_\_/\_\_\_

Vice President: \_\_\_\_\_  Acknowledged Date \_\_\_/\_\_\_/\_\_\_

Sick Leave Pool Administrator: \_\_\_\_\_  Approved  Disapproved Date \_\_\_/\_\_\_/\_\_\_

### \*\*\*FOR HUMAN RESOURCES ONLY\*\*\*

I certify that this employee:

Has exhausted (or will exhaust) all earned sick and annual leave as of \_\_\_\_\_ (date).

Has met or will meet the 30-working day period as of \_\_\_\_\_.

Approved for \_\_\_\_\_ hours. From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Human Resources Specialist: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_