

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 along 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 & eligibility requirements.

Name: _____ Sam ID: _____
 Address: _____ Phone #: _____
 Job Title: _____ Department: _____
 Supervisor Name: _____ Supervisor Phone #: _____

Date Absence Began: _____

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: _____

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 that all administrative channels must approve this request. 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.

(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 Approvals:

Supervisor: _____ Approved Disapproved Date ____/____/____
 Dept. Head/Chair: _____ Approved Disapproved Date ____/____/____
 Dean (Faculty only): _____ Approved Disapproved Date ____/____/____
 Vice President: _____ 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.

Human Resources Specialist: _____ Date ____/____/____

Sick Leave Pool Administrator: _____ Date ____/____/____

Comments: _____

