

Family Leave Pool Application



A request for Family Leave Pool must be completed by the employee and submitted to Human Resources with completed medical certification forms. Employees must meet the Family Leave Pool eligibility requirements. Please refer to [Human Resources Policy HR-04](#) for eligibility requirements and additional details.

Sam ID	Name	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	University Email	Mailing Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department Name	Supervisor Name	Supervisor Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY LEAVE

Date Absence Began	Family Leave Pool Usage Request Period	Hours Requested	Anticipated Return Date
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

Have you received Family Leave Pool before? **Yes** **No**

If yes, provide the approximate date of award

Supporting Documentation **Was submitted to Human Resources** **Will be submitted to Human Resources**

Will you receive loss of benefit or wage payments from a third-party? **Yes** **No**

EMPLOYEE ACKNOWLEDGMENT & SIGNATURE

I understand that required documentation must be provided to Human Resources prior to the granting of Family Leave Pool request. I understand that Family 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, or ninety (90) working days, whichever is less. Family Leave Pool will run concurrently with FMLA (if applicable).

Sign	Date
<input type="text"/>	<input type="text"/>

SUPERVISOR ACKNOWLEDGMENT & APPROVAL

As the supervisor of the employee listed above, I am aware that the employee has applied for leave as indicated above. I will notify Human Resources immediately if I become aware of any changes to the information provided. As the supervisor of the employee listed above, I do not have any documented performance concerns for this employee.

Sign	Date
<input type="text"/>	<input type="text"/>

APPROVALS

Sign	Date
Dept Head/Chair	<input type="text"/>
Dean – If applicable	<input type="text"/>
Vice President	<input type="text"/>

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ELIGIBILITY VERIFICATION

Has employee exhausted (or will exhaust) all earned sick and annual leave? **Yes** **No**

If yes, provide the date leave has or will be exhausted

Comments – Optional

Sign – Human Resources Specialist

Date

AUTHORIZATION

This request has been **Approved** **Disapproved**

If Approved, complete the following questions.

Approved Hours **Approved Usage Period**
 –

Sign – Family Leave Pool Administrator

Date