

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 HR-04](#) for additional details and eligibility requirements.

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"/>

SICK LEAVE

Date Absence Began	Sick 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 Sick Leave Pool before? Yes No

If yes, provide the approximate date of award

Completed medical certification 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 a completed Certification of Health Care Provider for Employee's Serious Health Condition (WH-380E) must be provided to Human Resources prior to the granting of Sick Leave Pool request. I understand that 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, or ninety (90) working days, whichever is less. Sick Leave Pool will run concurrently with FMLA (if applicable).

Date

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.

Date

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

Has employee met or will meet the 30-working day period? Yes No

If yes, provide the date working period was met or will be met

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 – Sick Leave Pool Administrator

Date