

SICK LEAVE POOL REQUEST FORM



PURPOSE: This form is used to request hours from the Sick Leave Pool (SLP). A medical certification form is required to accompany this application. SLP cannot be credited without final approval from HR, nor can it be used in conjunction with Workers' Compensation Benefits. Hours may be used for prenatal physician appointments and recovery after childbirth.

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First Middle)	UIN
EMAIL ADDRESS	CONTACT PHONE NUMBER

- I request the following hours be granted to me from the Sick Leave Pool: _____ hours
- I am requesting Sick Leave Pool hours for the following reason:

Catastrophic illness or injury and have exhausted (or will exhaust) all earned paid leave.
If catastrophic (employee or family member), physician's documentation required. Please describe illness or injury below:

Re-instatement of prior contribution to Sick Leave Pool.

 Employee (or Designee) Signature Date

HR USE ONLY

I certify that this employee:

has exhausted (or will exhaust) all earned sick and annual leave as of this date: _____

has met, or will meet, the 80 hours as of this date: _____

had previously contributed the following hours to the Sick Leave Pool: _____

 Sick Leave Pool Administrator Date

Initial Hours Approved

Increased by: _____ Hours Date: _____ Increased by: _____ Hours Date: _____

Increased by: _____ Hours Date: _____ Increased by: _____ Hours Date: _____

Total Number of SLP Hours Used _____ Hours	Remaining Sick Leave Pool Available - = _____ Hours
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CASE CLOSED _____ Hours Returned to SLP Bank