

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

PHGLFDO FHUWLILFDWLRQ IRUPV NP/SIDRYHBRFPXVWLPJHEWOWWHUSHE&MXHURHQWLVOKRQHFVWVWURSKL
Please refer to [Human Resources Policy HR-04](#) IRU DGGLWLRQDO GHWDLEQWQEPBOHJLRLQDQWQHTXILQMRULHV
JHQHUDOO\ FRQVLGHUHG WR EHFDPWDVPIRSKGFWRQVWGRNEKWLWUKVUHYHLLGK&BDSJWDO\VLV RU ZHD
DWWDFN NLGQH\ IDLOXUH FDQFHU DQG RU SRWHQWLDOO\SIDWDLGQWXFRUJVRZLPSIXWDLWRQV DQG
&H\UHDQ VXUJHU\ ([DPSOHV RI PHGGFHUHG FQDGLWLRQVSRV&RVLRFQVGH EXW DUH QRW OLPLWHG WR
EURNHQ OLPE RU VSUDLQV FEFPRQSIDRQGDQIGRQOLQJMKH\HV WHQGRQLWLV IDWLJXH DQG DQ\ FR
PDQDJHG E\ PHGLFDWLRQ

Department Name

SICK LEAVE _____

Continued -

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

, I \$SSURYHG FRPSOHWH WKH IROORZLQJ TXHVWLRQV

Approved Hours Approved Usage Period

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Sign – Sick Leave Pool Administrator

Date