

**OFFICE OF HUMAN RESOURCES
REQUEST TO USE SICK LEAVE POOL HOURS**

Employee Name: _____ ID#: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Status: Full-time Part-time

Campus/Department: _____ Position: _____

Date Absence Began: _____

Sick Leave Pool Usage Requested: From: _____ To: _____

(Employee must deplete or will have depleted all accrued personal leave and annual leave prior to being granted the use of Pool hours.)

Certification of Health Care Provider Attached: Yes No

PLEASE NOTE: *(Sick Leave Pool application will not be considered until Medical Certification is received. Pool benefits may be retroactive to the first day of the absence if approved by superintendent or authorized designee.)*

Signature Date

TO BE COMPLETED BY HUMAN RESOURCES:

- Employee has or will have depleted all personal leave and annual leave.
- Human Resources has received a completed *Certification of Health Care Provider*.

Sick leave pool decision Approved Disapproved

Disapproved because: _____

Total sick leave hours approved: _____

Length of time approved: From: _____ To: _____

*Signature of Superintendent
or Authorized Designee* Date