

Sick Leave Pool Request Form

Name: _____ PID# _____

Department: _____ Position Title _____

Members of the program may withdraw a maximum of 60 days in increments of 20 days or less during a twelve-month period not to exceed 90 days within three years.

I hereby request _____ hours of leave time from the pool as recommended by my physician on the attached medical documentation during the time period of _____ to _____.

I agree to use only those hours necessary for the purpose stated above. I agree to return those hours granted to me that I do not use back to the Pool. I understand that hours may be approved but if I am able to return to work sooner with or without accommodation by the College, I will be required to do so and unused hours will be returned to the Pool.

Signed: _____ Date: _____

Received: _____ Date: _____

Submit form to the Office of Human Resources, Attention: Benefits

<p>Donation:</p> <p>Received By: _____ Date: _____</p> <p>Processed By: _____ Date: _____</p> <p>Sick Leave Balance as of December 31st _____</p>	<p>Request: Approved Denied (memo attached)</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </p> <p>_____ Date _____</p> <p>Signature of Human Resource Representative</p>
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