

REQUEST FOR SICK LEAVE POOL HOURS

Name: _____

Employee ID #: _____

Job Title: _____

Department: _____

Date of Hire: _____

Last Day Worked: _____

Date Requested: _____

Hours Requested: _____

Agency: _____

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The Sick Leave Pool provides sick leave for qualified employees with catastrophic conditions. To qualify, all accrued leave must be exhausted, employee must be employed for at least one year in a regular position, and employee must be absent from job for 160 hours due to catastrophic condition. Physician's statement identifying catastrophic condition must be provided.

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In signing this request, I authorize review of my medical information submitted to support this request.

Employee Signature: _____

Date: _____

Department Head: _____

Date: _____