REQUEST FOR SICK LEAVE POOL HOURS

Name:	Employee ID #:
Job Title:	Department:
Date of Hire:	Last Day Worked:
Date Requested:	Hours Requested:
Agency:	
The Sick Leave Pool provides sick leave for qualific conditions. To qualify, all accrued leave must be a for a tagent and areas to be a subscription of the second	ied employees with catastrophic exhausted, employee must be employed

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.

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

 Employee Signature:

Date:

Department Head: _____

Date: _____

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.