



## Sick Leave Pool Application to Withdraw Hours

**TO BE COMPLETED BY EMPLOYEE OR DESIGNEE:**

NAME: \_\_\_\_\_ UIN: \_\_\_\_\_

DEPT/UNIT: \_\_\_\_\_

In accordance with System Regulation 31.06.01, Sick Leave Pool Administration, and the applicable procedure regarding sick leave pool administration, I wish to withdraw sick leave pool hours from the following pool:

Texas A&M AgriLife  
Extension Service

Texas A&M AgriLife  
Research/COALS

Texas A&M Veterinary Medical  
Diagnostic Laboratory

Texas A&M  
Forest Service

Number of hours requested: \_\_\_\_\_ (Hours should be requested before they are needed or as soon as possible. Sick leave pool hours may not be used in conjunction with a workers' compensation claim.)

**A medical certification form completed by the physician treating the employee/family member is required to support SLP request.**

**Reason for request:**

Catastrophic illness/injury and have exhausted (or will exhaust) all earned sick, vacation or other available paid leave.

Care for immediate family member with a documented catastrophic illness or injury:

Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reinstatement of previous hours donated to cover a current non-catastrophic illness /injury. Sick leave has been/or will be exhausted.

EMPLOYEE SIGNATURE (if available): \_\_\_\_\_ DATE: \_\_\_\_\_

I understand the employee will be eligible for sick leave pool hours once the employee has met the 80 hour requirement, exhausted all available paid leave and provided a medical certification form to support the leave.

UNIT HEAD OR DESIGNEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p>Submit form to AgriLife HR Leave Coordinator:</p> <p>Fax to: 979-458-1046</p> <p>Mail to: AgriLife HR Leave Coordinator 2147 TAMU, College Station, Texas 77843-2147</p> <p>Scan in: LaserFiche "Payroll—Work in Progress" folder</p> <p>FOR QUESTIONS: Call AgriLife's HR Leave Coordinator at 979-845-2423</p>
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**TO BE COMPLETED BY AGRILIFE HR LEAVE COORDINATOR:**

I certify that the employee:

Exhausted (or will exhaust) all earned sick, vacation and other available paid leave on: \_\_\_\_\_ at \_\_\_\_\_ am pm

Missed 80 hours (or proportional % effort) of work due to current condition on: \_\_\_\_\_ at \_\_\_\_\_ am pm

Non-catastrophic condition: This employee has exhausted all earned sick leave on: \_\_\_\_\_ at \_\_\_\_\_ am pm

\_\_\_\_\_ Sick leave pool hours will keep the employee in a paid leave status from: \_\_\_\_\_ to \_\_\_\_\_

AGRILIFE HR LEAVE COORDINATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY SICK LEAVE POOL ADMINISTRATOR:** SLP Grant is:  Approved  Not approved

SICK LEAVE POOL ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify: Sick Leave Pool was reduced by \_\_\_\_\_ hours and granted to employee's LeaveTraq account on: \_\_\_\_\_

\_\_\_\_\_ SLP hours were returned to the Pool on: \_\_\_\_\_ REASON: \_\_\_\_\_

AGRILIFE HR LEAVE COORDINATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_