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: ___________________________

Submit form to AgriLife HR Leave Coordinator:  Fax to: 979-458-1046
Mail to: AgriLife HR Leave Coordinator  2147 TAMU, College Station, Texas 77843-2147
Scan in: LaserFiche “HR—Work in Progress” folder
FOR QUESTIONS: Call AgriLife HR Leave Coordinator at 979-845-2423

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 ___________.

I certify: ☐ Sick Leave Pool was reduced by ___________ hours and granted to employee’s account on: ___________

☐ __________ SLP hours were returned to the Pool on: ___________ REASON: ___________________________

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: ___________________________