



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: _____