

HUMAN RESOURCES

# Sick Leave Pool Application & Approval Form

A request for Sick Leave Pool must be completed by the employee and submitted to Human Resources with completed

PHGLFDO FHUWLILFDWLRQ IRUPV NP/SIDRYHBRFPXVWLPJHEWOWWHUSHE&MXHURHQWLVOKRQHFVWVWURSKL  
Please refer to [Human Resources Policy HR-04](#) IRU DGGLWLRQDO GHWDLEQWQEPBOHJLRLQDQWQHTXILQMRULHV  
JHQHUDOO\ FRQVLGHUHG WR EHFDPDOWPISKGFWRQVWGRNEKWLWUKVUHYHLLGK&BDSJWDO\VLV RU ZHD  
DWWDFN NLGQH\ IDLOXUH FDQFHU DQG RU SRWHQWLDQO\SIDWDLGQWXFRQJURZLPSIXDWDWLRQV DQG  
&H\UHDQ VXUJHU\ ([DPSOHV RI PHGGFHUHG FQDGLWLRQV&BFWLQFQVGH EXW DUH QRW OLPLWHG WR  
EURNHQ OLPE RU VSUDLQV FEFDFNQSIDRQGDQIGDROLDQJLKHVHV WHQGRQLWLV IDWLJXH DQG DQ\ FR  
PDQDJHG E\ PHGLFDWLRQ

Department Name

SICK LEAVE \_\_\_\_\_

Continued -

## ELIGIBILITY VERIFICATION

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Has employee exhausted (or will exhaust) all earned sick and annual leave?      Yes      No

If yes, provide the date leave has or will be exhausted

Has employee met or will meet the 30-working day period?      Yes      No

If yes, provide the date working period was met or will be met

Comments – Optional

Sign – Human Resources Specialist

Date

## AUTHORIZATION

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This request has been      Approved      Disapproved

, I \$ S S U R Y H G   F R P S O H W H   W K H   I R O O R Z L Q J   T X H V W L R Q V

Approved Hours      Approved Usage Period

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Sign – Sick Leave Pool Administrator

Date