

**REQUEST TO
UTILIZE SICK LEAVE POOL**

*Non-faculty personnel should forward this form to the Office of Human Resources
Faculty members should forward this form to FUSA.*

Please Type or Print

<i>Employee Name:</i>	<i>Colleague ID Num or SSN:</i>	<i>Position Number:</i>
<i>Position Title:</i>	<i>Department:</i>	
<i>Campus:</i>	<i>Hours requested from Sick Leave Pool:</i>	<i>Date all accrued leave and compensatory time exhausted:</i>

Description of Illness/Disability/Injury:

I request utilization of the Sick Leave Pool due to the above-described illness/disability/injury. I have attached my physician's statement certifying my inability to work; identifying my illness/disability/injury; and the estimated return date. I authorize my physician, clinic, hospital, insurance company, or other health care provider to release information to substantiate my absence. I am currently unable to work due to my illness/disability/injury.

<i>Signature:</i>	<i>Date:</i>
-------------------	--------------

Sick Leave Pool Committee Action

- Employee is member of sick leave pool.
 - Employee has exhausted all earned leave and all compensatory time.
 - Employee has used five (5) days of unpaid leave.
 - Employee is not eligible for disability insurance or worker's compensation.
- | | | |
|---|-------------------------|------------------------|
| <input type="checkbox"/> Application approved | <i>Number of hours:</i> | <i>Beginning date:</i> |
|---|-------------------------|------------------------|

<i>Printed/Typed Name of Committee Chair:</i>	<i>Signature:</i>	<i>Date:</i>
---	-------------------	--------------

Post approval Actions

<i>Date approved from forwarded to Payroll Office:</i>	<i>Forwarded by:</i>	<i>Date transfer made from sick leave account</i>	<i>Transferred by:</i>
--	----------------------	---	------------------------