

SICK LEAVE POOL REQUEST FORM

When a full time employee's sick absence extends beyond the number of days in their sick leave (and vacation for AP, MT, SS staff ) account they may request to be granted up to twenty (20) sick days from the Sick Day Pool, if hours are available, and with the approval of their supervisor and the Director of Human Resources.

In order to be eligible to request time from the pool an employee must have a medical emergency as defined under the IRS Revenue Ruling 90-29, "a medical condition of the employee or a family member that will require the prolonged absence of the employee from duty and will result in a substantial loss of income to the employee because the employee will have exhausted all paid leave available apart from the leave-sharing plan."

I am requesting \_\_\_\_\_ days be granted from the sick leave pool.

Employee Name: \_\_\_\_\_  
(print)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Chair or Supervisor approval: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources approval: \_\_\_\_\_ Date: \_\_\_\_\_