

Sick Leave Pool Contribution/Withdrawal Request

Employee Information:

Name: _____ Employee ID: _____

Email Address: _____

Job Title: _____ FTE: _____ Hire Date ____/____/____

Home Address: _____ State/Zip _____

Department: _____ Campus: _____

Pay Type: ___ Monthly ___ Bi-Weekly Normal months worked per year ___ Months ___ Other

Date of event or onset of condition: ____/____/____ Last Day Worked: ____/____/____

Supervisor Name _____ Telephone # _____

**** You must initial by each statement to denote you understand and agree to the following provision:**

_____ The Human Resources Department may request the department to provide leave records on the employee if necessary for processing benefits including but not limited to disability applications, workers compensation claims, and death claims.

_____ You must immediately report any changes to the approved leave to the Human Resources Department.

_____ The employee will be given state premium sharing for employee and/or dependents toward the cost of health insurance while on Sick Leave Pool. Continuation of group insurance is subject to the conditions and policies of the 'Employees Retirement System of Texas' relating to coverages while on leave.

_____ You will be notified via email on the status of your application.

University of Houston System – Administrative Memorandum Sick Leave Pool

https://uhsystem.edu/compliance-ethics/_docs/sam/02/2d2.pdf

HUMAN RESOURCES

Sick Leave Pool Contribution

Number of hours you wish to contribute: _____ (Contributions must be made in increments of 8 hours)

Are you retiring ____ Yes ____ No

Are you terminating employment? ____ Yes ____ No

Participation in the Sick Leave Pool is voluntary and the contributions are irrevocable. The number of hours contributed cannot exceed your accrued sick leave balance. If you exhaust all your accrued sick leave hours due to non-catastrophic illness you may request a withdrawal from the Sick Leave Pool in the amount of hours that you may have donated in the current fiscal year. Hours contributed to the Sick Leave Pool due to termination or retirement cannot be refunded should you return to state employment.

Signature: _____ Date: _____

Sick Leave Pool Withdrawal

Number of days requested: _____ (Minimum of 5 days, Maximum of 30 days)

Have you exhausted all other types of paid leave? Yes ____ No ____

Has the current catastrophic illness or injury exceeded 90 days or expected to exceed 90 days? Yes ____ No ____

Have you attached a physician statement that includes diagnosis and estimated length of disability? Yes ____ No ____

Have you filed application for benefits under Short Term/Long Term Disability plan, if applicable? Yes ____ No ____

I understand that my Sick Leave Pool withdrawal request will be processed on a first come, first served basis. The number of days I may be granted is based on the number of hours available in the pool. I understand I may not receive the full amount requested. I understand that any unused hours must be returned to the Sick Leave Pool. Sick leave time cannot be used until your sick leave balance is updated in the next available payroll cycle. The University reserves the right to require a second (2nd) opinion. Some employees are ineligible for Sick Leave Pool, including those with less than 50% FTE; irregular, seasonal, temporary or student workers; workers compensation and others as listed in the University Policy. The lifetime maximum for Sick Leave Pool withdrawals is 90 days, with no more than 30 days allowable per withdrawal.

I understand that I must also apply for FMLA within 3 days of first being absent from work.

Signature: _____ Date: _____

Please return this form directly to HR for processing

Fax: 713-743-1723

Email: hrleave@central.uh.edu

HUMAN RESOURCES

This Section to be completed by HR

Vacation Balance as of last day: _____ Sick Leave Balance as of last day: _____

Date Last Paid _____/_____/_____

Total Hours Requested from Sick Leave Pool: _____

Total Hours Approved from Sick Leave Pool: _____

Sick Leave Pool hours previously taken (lifetime): _____

The Human Resources Department acknowledges _____ days of Sick Leave Pool is approved.

If Sick Leave Pool is not approved, reason: _____

- A Personnel Action Request (PAR) is required to place the employee on Sick Leave Pool and should be submitted once Sick Leave Pool hours have been approved.

Application processed by: _____ Date: _____