SICK LEAVE POOL REQUEST
JOIN OR WITHDRAW

SECTION 1 - JOIN

I, _____, hereby make application **to join** the Sick Leave Pool now that I am eligible. I understand that I will be required to donate the required number of hours of PTO or Banked Sick Leave stated in the Sick Leave Pool Policy to join, and will be required to donate more hours as required by the Sick Leave Pool Committee upon depletion of Sick Leave Pool hours. I agree to abide by the requirements of the Sick Leave Pool Policy. I understand that if I am joining within 30 days of accruing the minimum amount of of PTO or Banked Sick Leave hours, or during open enrollment, I am eligible to request to use Sick Leave Pool hours immediately; otherwise, there will be a 6 month waiting period.

I authorize my employer to deduct _____ hours of PTO and/or _____ hours of Banked Sick Leave from my current balance in order to join the Sick Leave Pool.

I authorize my employer to release medical information regarding my health condition to the Sick Leave Pool Committee in order for them to be able to make an informed decision regarding my request, and I agree to provide additional information, upon request, from my health care provider to the Sick Leave Pool Committee.

I have received a copy of the Sick leave Pool Policy and understand and agree that it is my responsibility to read, familiarize myself with, and abide by the policies and procedures contained therein.

_____	_____	_____
Employee Signature	Date	Department

SECTION 2 - WITHDRAW

I, _____, hereby make application **to withdraw** my participation from the Sick Leave Pool, effective immediately.

I understand that any PTO or Banked Sick Leave Hours I have contributed to the Sick Leave Pool will be forfeited upon my cancellation of membership in the Pool.

_____	_____	_____
Employee Signature	Date	Department

To be completed by Human Resources and signed by the Administrator/Designee.

Your request is: ☐ Approved ☐ Disapproved Effective Date: _____

_____	_____
Received in Human Resources by:	Date

cc: Finance Office
Employee

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