REQUEST FOR SICK LEAVE POOL HOURS

Name:______________________________  Employee ID #: __________________

Job Title:____________________________  Department: __________________

Date of Hire:________________________  Last Day Worked: ______________

Date Requested:_______________________  Hours Requested: _____________

The Sick Leave Pool provides sick leave for qualified employees with catastrophic conditions. To qualify, all accrued leave must be exhausted, employee must be employed for at least one year in a regular position, and employee must be absent from job for 160 hours due to a catastrophic condition. A physician’s statement identifying the catastrophic condition must be provided.

In signing this request, I authorize review of my medical information submitted to support this request.

Employee Signature: ________________________________  Date: ______________

Sick Leave Pool Administrator: __________________________  Date: ______________

Approved: □  Denied: □

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.

Human Resources Office
PO Box 10043  ·  Beaumont, Texas, 77710  ·  409-981-6824  ·  Fax: 409 880-8219