University of Houston System
Sick Leave Pool Contribution / Withdrawal Request

Employee Information:

Name: _____ Social Security # _____ - _____ - _____
(Last, First, MI)

Department: _____ Campus: _____

Supervisor Name _____ Super. Phone # _____

Sick Leave Pool Contribution:

Number of hours you wish to contribute? ☐ (Note: Contribtiions must be made in increments of 8 hours)

Are you a Retiring or Terminating employee? 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 of your accrued sick leave hours due to a 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 **X** Date

Sick Leave Pool Withdrawal:

Number of Days Requested? ☐ (Note: Minimum of 5 days, Maximum of 30 Days).

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

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

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

Have you filed an application for benefit under your Long Term Disability plan if applicable? Yes No

I understand that my sick leave withdrawal request will be processed on a first come, first served basis. The number of days granted is based on the number 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 level balance is updated in the next available payroll cycle. The University reserves the right to require a 2nd medical opinion. Some employees are ineligible for Sick Leave Pool, including less the 50% FTEs, irregular, seasonal, temporary, student workers, workers compensation, and others as listed in the University Policy. No more than 90 days of Sick Leave Pool withdrawals will be made available per occurrence of an illness/injury and the employee must return to work for a minimum of 6 consecutive months before being eligible for sick leave pool again.

Signature **X**_____ Date_____

Certifying Signature **X** Date

Office Use Only:

Campus : Houston/Main Houston/System Houston/Downtown Clear Lake Victoria

Numbers of Hours Approved: ☐

Batch Date _____/_____/_____

Batch Reference: ___ ___ ___ ___ ___ ___

Component Approval **X** _____

Administrator Approval **X** _____

Financial Accounting Control

	Initials	Date
Originator	_____	_____
Reviewer	_____	_____
Input	_____	_____
Certifier	_____	_____