



Texas A&M University-Texarkana
Application for
Sick Leave Pool Hours

Date:

Employee Name:

Adloc:

Universal Identification Number:

Phone Extension:

Number of Hours Requested:

Sick leave pool withdrawals should be requested as soon as the need becomes apparent. Pool hours cannot be awarded retroactively.

PURPOSE: Catastrophic illness or injury. I expect to exhaust my sick and vacation leave and compensatory

time as of (time) (date). I expect to have missed 80 hours of work due to this illness or injury as of (time) on (date).

Attached is a physician's statement stating the nature and expected duration of the illness or injury.

Non-Catastrophic illness or injury. I have exhausted my sick leave and have contributed hours to the sick leave pool.

Is this request the result of an on-the-job injury? Yes No

Policy prohibits Sick Leave Pool time from being used in conjunction with receipt of benefits from Workers' Compensation Insurance claim.

If requesting time to care for an immediate family member: Family Member's Name:

Relationship:

Employee Signature

Date

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I certify that this employee has exhausted or will exhaust all earned sick, compensatory time, and vacation leave as of _____(time) _____ (date) and the employee has missed 80 hours of work for this condition as of _____(time) _____(date).

Payroll/Leave Coordinator

Date

If the employee is requesting hours due to a noncatastrophic illness or injury, I certify that he/she has contributed _____ hours to the sick leave pool.

Payroll/Leave Coordinator

Date

**Submit this form to: Karol Patrick
Payroll/Leave Coordinator
Central Plant, Room 159
FAX 903 223-3097 or email to Payroll@tamut.edu**

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.