

SICK LEAVE POOL EMPLOYEE APPLICATION FORM

PERSONAL INFORMATION

Today's Date : _____

Full Name (First, Middle, Last) : _____

Current Building : _____

Current Position/Subject Area : _____

Full Time : Part Time:

Date of Request : _____ Number of Days & Hours Requested : _____

List Of Days & Hours You Wish the Sick Leave Pool To Cover : _____

Have You Currently Exhausted All Of Your Current Sick Leave? Yes : No :

Are You Currently Receiving Disability Benefits From USD 232's Short Term Disability Or Social Security Disability Benefits? Yes : No :

Reason For Request: Please Note All Applicants Must Attach Appropriate Documentation From A Licensed Health Care Provider Regarding Absence.

Employee's Signature : _____

Immediate Supervisor's Signature : _____

Please Forward To Jordan Funk in Human Resources Following Supervisor's Signature Acknowledging Awareness Of Request

OFFICE USE ONLY

SICK LEAVE POOL COMMITTEE ACTION :

Date Request Was Received By The Sick Leave Pool Committee : _____

Approved : Denied : Date : _____

HR Signature : _____