

Sick Leave Pool Withdrawal Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact Human Resources: hrcompbenefits@tamu.edu or (979) 862-1718.

INSTRUCTIONS This form is used by departments, in addition to the Attending Physician Certification, to request hours from the Sick Leave Pool. This form must be submitted in a timely manner. TAMU System Regulations prohibit retroactive pay from the Sick Leave Pool. **Sick Leave Pool time cannot be credited to the employee without a letter of approval from the SLP Administrator, nor can it be used in conjunction with Workers' Compensation Benefits.**

Employee Name		UIN	
Department Name		Mail Stop	Date
Hours Requested	Start Date	Ending Date	
Employee percent effort:	Employee is paid : <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly		
Employee was absent from work due to this condition beginning on (date)			
Employee met the minimum lost time hour requirement on (date)		at (time)	
Employee exhausted all accrued comp. time, vacation and sick leave as of (date)			
If used for immediate family member give name		and relationship	

Employee Signature (if available) _____
Date

Reason for withdrawal: <input type="checkbox"/> Catastrophic injury or illness. Attach FMLA Certification or physician's documentation.
<input type="checkbox"/> Non-Catastrophic Illness or injury: Withdrawal available only for employees who have contributed to the Texas A&M University Sick Leave Pool.

Department Contact Signature _____
Date

Department Contact Name (printed) _____
Telephone No.

Email Address

I certify that the above employee has met or will meet the 160 hour requirement on the date and time listed above, and has exhausted all sick, vacation, and comp time at the indicated times:

Department Head Signature _____
Date

Department Head Name (printed)

<p>Form Submission FAX form to: Total Compensation-Benefits Office Fax (979) 847-8546 Or email as attachment to: hrcompbenefits@tamu.edu Please do not submit hard copy</p>	<p>NEED HELP? Benefits Services Phone (979) 862-1718 hrcompbenefits@tamu.edu</p>
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