



## 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: [benefits@tamu.edu](mailto:benefits@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 (SLP). This form must be submitted in a timely manner. **SLP 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.**

**SPECIAL NOTE FOR USING THE SLP FOR PREGNANCIES AND CHILDBIRTH:** Pool hours may be used only when a medical condition is present regarding the mother or child. This includes prenatal physician appointments and recovery after childbirth.

1. Employee Name							2. UIN	
3. Department Name						4. Mail Stop	5. Date	
6. Hours Requested (Maximum of 180 hours per pool application <sup>1</sup> )					7. Start Date		Ending Date	
8. Employee % Effort:			9. Employee is paid:			10. Is employee eligible for FMLA leave for this condition?		
			<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly			<input type="checkbox"/> Yes → If yes, exhaust date:* _____ <input type="checkbox"/> No		
11. Employee's Schedule <input type="checkbox"/> Mon – Fri 8am – 5pm							* Liaisons: Please note your department is not obligated to offer pool hours after the employee's FMLA exhaustion date or if the employee is not eligible for FMLA leave. Please contact the pool administrator at 979-862-1718 for guidance.	
OR enter shift under each workday:								
Sun	Mon	Tue	Wed	Thu	Fri	Sat	12. Additional scheduling notes if needed:	
13. Employee was <b>first</b> absent from work due to this condition beginning on (date)								
14. Employee met the minimum lost time hour requirement on (date) _____ at (time) _____								
15. Employee exhausted all accrued compensatory time, vacation and sick leave as of (date)								
16. Reason for withdrawal: <input type="checkbox"/> Employee's Condition <input type="checkbox"/> Retrieval of Previously Donated Hours <sup>2</sup> <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____								

<sup>1</sup> This restriction will allow easier control of granted hours in the event the recipient's condition changes or other circumstances arise with the applicant's employment.

<sup>2</sup> Employees may retrieve previously donated hours if he/she 1) employs with the Texas A&M component within 12 months of termination, 2) is rehired with at least a 30 calendar day break in service, **and** 3) has exhausted all vacation, sick, and compensatory time.

Employee Signature (if available) \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature (optional) \_\_\_\_\_

Date \_\_\_\_\_

Department Contact Signature (optional) \_\_\_\_\_

Date \_\_\_\_\_

Department Contact Email Address \_\_\_\_\_

Department Contact Telephone # \_\_\_\_\_

**Department Head or Designee:** I certify that the above employee has met or will meet the requisite missed time requirement on the date and time listed above, and has exhausted all sick, vacation, and compensatory time at the indicated times.

Department Head or Designee Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Form Submission</b> Fax: Benefit Services at (979) 862-3128 Email: <a href="mailto:benefits@tamu.edu">benefits@tamu.edu</a> <b>Please do not submit hard copy</b>	<b>NEED HELP?</b> Benefit Services Phone (979) 862-1718 <a href="mailto:benefits@tamu.edu">benefits@tamu.edu</a>
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