



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 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 ¹)							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"/> Yes → If yes, exhaust date:* _____ <input type="checkbox"/> No * 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.	
			<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly					
11. Employee's Schedule <input type="checkbox"/> Mon – Fri 8am – 5pm							12. Additional scheduling notes if needed:	
OR enter shift under each workday:								
Sun	Mon	Tue	Wed	Thu	Fri	Sat		
13. Employee was first 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 ² <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____								

¹ 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.

² 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

Employee Signature (if available)

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

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