



**THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY**

**SICK LEAVE POOL APPLICATION**

The University of Texas-Rio Grande Valley has a Sick Leave Pool to provide a potential source of additional sick leave for those employees who experience a catastrophic illness or injury. (See HOP Policy 7.6.10) "Catastrophic illness or injury" means a severe condition or combination of conditions affecting the mental or physical health of an employee or the employee's immediate family and:

- \* Requires the services of a licensed practitioner
- \* Is diagnosed as severe or prolonged
- \* Causes the employee to lose or expect to lose compensation for an extended period
- \* Causes the employee to exhaust all accrued vacation and sick leave

**EMPLOYEE (PLEASE PRINT)**

Name \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Email: \_\_\_\_\_ Ext.: \_\_\_\_\_

Nature of Illness or Injury (Attach Medical Practitioner's Certification)

Number of Hours Requested from Sick Leave Pool \_\_\_\_\_

Date Illness Began \_\_\_\_\_ Date Expected to Return to Work \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: COPY OF "CERTIFICATION OF HEALTH CARE PROVIDER" SHOULD BE ATTACHED TO THIS FORM**

**DEPARTMENT**

Date All Paid Leave Will Be Exhausted: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Supervisor Name: \_\_\_\_\_

**Return this form to Human Resources  
The University of Texas-Rio Grande Valley  
1201 West University Drive  
Edinburg, Texas 78539-2999**

**FOR HUMAN RESOURCE OFFICE USE ONLY**

**Approved**

**Amount of Hours Approved:** \_\_\_\_\_

**Denied**

**Reason:** \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_