

Sick Leave Pool Application Form

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 ADM 04-604]. "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 :

- Is a severe condition or combination of conditions that will result in death if not treated properly requires hospitalization for more than seventy-two [72] consecutive hours
- 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

A TO BE COMPLETED BY REQUESTOR

Last Name :	First Name :	Middle Name :
Employee ID :	Department :	Work Phone :
Email Address :	Date of Hire :	Home Phone :
Home Address :	City :	ST : Zip Code :

Nature of Illness or Injury [Attach Medical Practitioner's Certification] :

Illness Start Date : Expected Return to Work Date : Number of Pool Hours Requested :

Employee Signature Date

Routing After completion, provide this form to your supervisor.

Note A copy of "CERTIFICATION OF HEALTH CARE PROVIDER" should be attached to this form before providing to your supervisor.

B TO BE COMPLETED BY SUPERVISOR

Date All Paid Leave Will Be Exhausted : Last Day Worked :

Printed Supervisor Name Supervisor Signature Date

Routing After completion, return this form to Human Resources

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| ▪ Brownsville Harlingen | UTRGV at the Woods | 451 East Alton Gloor, Brownsville, TX 78526 |
| ▪ Edinburg | MASS 2.126 | 1201 West University Drive, Edinburg, TX 78539 |

Office of Human Resources Use Only

Number of Hours Approved :

Approved Reason :

Denied

Director Signature Date