

Clayton State University
SICK LEAVE POOL FORM

Name: _____ Department: _____

DONATION

Note: Employees may donate up to 48 hours of sick leave per calendar year. Donations must be made in 8-hour increments.

Number of hours donated: _____

In making this decision I understand that it is:

- Strictly voluntary,
- for use by any eligible employee, and I may not stipulate who may receive this donation, and
- no longer my property right and that my sick leave balance will be reduced by a corresponding amount.

Employee Signature

Date

I certify that this employee's sick leave balance has been reduced by the amount donated to the sick leave pool.

Human Resources Representative

Date

WITHDRAWAL

Number of hours requested: _____

Sick leave pool withdrawals should be requested as soon as the need becomes apparent. Pool hours cannot be awarded retroactively.

Purpose:

Catastrophic illness or injury. I expect to exhaust my sick and vacation leave as of _____ (*time*) on _____ (*date*). Attached is a physician's statement stating the nature and expected duration of the illness or injury.

Death of an immediate family member. I have exhausted my personal leave balances and request _____ hours. (Request is limited to 24 hours)

Is this request the result of an on-the-job injury? ___ yes ___ no (*Policy prohibits sick leave pool from being used in conjunction with a workers' compensation claim.*)

If requesting time to care for an immediate family member (as defined by federal FMLA guidelines):

Family member's name

Relationship

Employee signature

Date

I certify that the employee requesting a sick leave pool withdrawal has exhausted all earned sick and vacation leave as of _____ (*time*) on _____ (*date*).

Payroll Supervisor signature

Date

Number of hours approved: _____ Comments: _____

Sick Leave Pool Administrator signature

Date