In accordance with TAMU-CC---Policy Sick Leave Pool Administration, I request the following hours be granted to me from the Sick Leave Pool.

Reason for Request:

☐ Catastrophic illness or injury and have exhausted (or will exhaust) all earned paid leave. If catastrophic (employee or family member), description of illness or injury (attach physician’s

☐ Re-instatement of prior contribution to Sick Leave Pool. Request based on non-catastrophic illness or injury and exhaustion or accrued sick and annual leave.

Employee (or Designee) Signature __________________________ Date __________

(Human Resources Completes Portion Below)

I certify that this employee:

☐ has exhausted (or will exhaust) all earned sick and annual leave as of __________ (date)

☐ have met or will meet the 80 hours as of __________ (date)

☐ has contributed # hours to the Sick Leave Pool. __________ (hours)

Sick Leave Pool Administrator __________________________ Date __________

Initial Hours Approved ________________

Increased by: ________________________ Hours Date: __________

Increased by: ________________________ Hours Date: __________

Increased by: ________________________ Hours Date: __________

Increased by: ________________________ Hours Date: __________

0 Total Hours Used ________________________

Remaining Sick Leave Pool Available

720 - 0.00 = 720.00

Case Closed: __________________________ Hours Returned to SLP Bank: