

**UNIVERSITY OF HOUSTON SYSTEM**  
**Sick Leave Pool Contribution / Withdrawal Request**

**Employee Information:**

Name \_\_\_\_\_ Empl ID # \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Sick Leave Pool Contribution:**

Number of hours you wish to contribute \_\_\_\_\_

Are you a Retiring or Terminating Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Participation in the Sick Leave Pool is voluntary and the contributions are irrevocable. The number of hours contributed cannot exceed your sick leave balance. If you exhaust all of your accrued sick leave hours due to a non-catastrophic illness you may request a withdrawal from the sick leave pool in the amount of hours that you may have donated in the current fiscal year. Hours contributed to the Sick Leave Pool due to termination or retirement cannot be refunded should you return to state employment.

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

**Sick Leave Pool Withdrawal: *NOT APPLICABLE***

Number of days requested \_\_\_\_\_ (NOTE: Minimum of 5 days, Maximum of 30 days)

Have you exhausted all other types of paid leave time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the current catastrophic illness or injury exceeded 30 days or is it expected to exceed 30 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attached a physician's statement that includes diagnosis and estimated length of disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application for benefits under your Short and/or Long Term Disability plan if applicable? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that my sick leave withdrawal request will be processed on a first come, first served basis. The number of days granted is based on the number available in the pool. I understand I may not receive the full amount requested. I understand that any unused hours must be returned to the sick leave pool. Sick leave time cannot be used until my sick leave balance is updated in the next available pay cycle. The University reserves the right to require a second medical opinion. Some employees are ineligible for Sick Leave Pool, including less the 50% FTEs, irregular, seasonal, temporary, student workers, workers' compensation and others as listed in the University Policy. I understand that no more than 90 days of Sick Leave Pool withdrawals will be made in the lifetime of my employment with the university.

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

**FOR HR OFFICE USE ONLY:**

Number of Hours Approved for this request: \_\_\_\_\_ Pay Cycle Processed \_\_\_\_\_ Date \_\_\_\_\_