

Sick Leave Pool / Family Leave Pool Withdrawal Request

Employee Information:

Name: _____ Employee ID: _____

Email Address: _____

Job Title: _____ FTE: _____ Hire Date ____/____/____

Home Address: _____ State Zip _____

Department: _____ Campus: _____

Supervisor Name _____ Telephone # _____

Pay Type: ____ Monthly ____ Bi-Weekly Normal months worked per year ____ Months ____ Other

Last Day Worked ____/____/____

**** You may only withdraw from one pool per application****

You may request to withdraw a Minimum of 5 days, Maximum of 30 days per application

Number of days requested: _____ (Minimum of 5 days, Maximum of 30 days)

_____ Sick Leave Pool

_____ Family Leave Pool

**** You must initial by each statement to denote you understand and agree to the following provision:**

_____ The Human Resources Department may request the department to provide leave records on the employee if necessary for processing benefits including but not limited to disability applications, workers compensation claims, and death claims.

_____ You must immediately report any changes to the approved leave to the Human Resources Department.

_____ The employee will be given state premium sharing for employee and/or dependents toward the cost of health insurance while on Sick or Family Leave Pool. Continuation of group insurance is subject to the conditions and polices of the 'Employees Retirement System of Texas' relating to coverages while on leave.

_____ You will be notified via email on the status of your application.

[Family Leave Pool - 02/2D10](#)

[Sick Leave Pool - 02/2D2](#)

UNIVERSITY of HOUSTON

HUMAN RESOURCES

- Have you exhausted all other types of paid leave? (Sick, vacation, and sick leave donation) Yes___ No___
- Has the illness or injury lasted or will last 30 or more consecutive days? Yes___ No___
- Are you bonding with or caring for child/children during the child's first year following birth? Yes___ No___
- Is this for the placement of a foster child or adoption of a child under 18 years of age? Yes___ No___
- Is this for the placement of any person 18 years of age or older requiring guardianship? Yes___ No___
- **Is there serious illness to an immediate family member, including pandemic-related illness or complications caused by a pandemic**?** Yes___ No___
- Are you providing essential care to a family member due to extenuating circumstance created by an ongoing pandemic? Yes___ No___
- A serious illness to self, including pandemic-related illness? Yes___ No___
- Are there extenuating circumstances created by an ongoing pandemic? Yes___ No___
- Have you attached a physician statement that includes diagnosis and estimated length of disability? Yes___ No___
- Have you attached an essential caregiver designation document? Yes___ No___
- Have you attached proof of closure of a school or daycare or other appropriate documentation? Yes___ No___
- Have you filed an application for benefits under Short Term/Long Term Disability plan, if applicable? Yes___ No___

***Immediate Family - Those individuals related by kinship, adoption, marriage or certified foster children who are living in the same household or if not in the same household are totally dependent on the employee for personal care or services on a continuing basis**.*

I understand that my Leave Pool withdrawal request will be processed on a first come, first served basis. The number of days I may be granted is based on the number of hours 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 original Leave Pool. The University reserves the right to require a second (2nd) opinion. Some employees are ineligible for Leave Pool, including those with less than 50% FTE; irregular, seasonal, temporary or student workers; workers compensation and others as listed in the University Policy. The lifetime maximum for Sick and Family Leave Pool withdrawals is 90 days each, with no more than 30 days allowable per withdrawal.

Signature: _____ Date: _____

Please return this form directly to HR for processing
Fax: 713-743-1723 or Email: hrleave@central.uh.edu; hrben@central.uh.edu

HUMAN RESOURCES

This Section to be completed by HR

Vacation Balance as of last day: _____ Sick Leave Balance as of last day: _____

Date Last Paid _____/_____/_____

Total Hours Requested from Leave Pool: _____

Leave Pool type approved: _____ Sick Leave Pool _____ Family Leave pool

Total Hours Approved from Sick Leave Pool: _____

Sick Leave Pool hours previously taken (lifetime): _____

The Human Resources Department acknowledges _____ days of Sick Leave Pool is approved.

If Sick Leave Pool is not approved, reason: _____

Total Hours Approved from Family Leave Pool (Sick): _____

Total Hours Approved from Family Leave Pool (Vacation): _____

Family Leave Pool hours previously taken (lifetime): _____

The HR Department acknowledges _____ sick days of FML pool is approved.

The HR Department acknowledges _____ vacation days of FML Pool is approved.

If Family Leave Pool is not approved, reason: _____

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- An electronic Personnel Action Request (ePAR) is required to place the employee on Sick or Family Leave Pool and should be submitted once Leave Pool hours have been approved.

Application processed by: _____ Date: _____