



Sick Leave Pool Application

Name: _____ Date: _____

Department: _____ Phone: _____

UIN #: _____ Job Title: _____

1. How many sick pool hours are you requesting? _____
 2. Have you received Sick Leave Pool hours previously? ___ Yes ___ No
 - a. If yes, how many hours previously provided? _____
 - b. ([Procedure 31.06.01.R0.01](#), Lifetime max limit of 90 days)
 3. Medical Certification attached? ___ Yes ___ No
 4. Have you been absent from work for a prolonged period, a minimum of 80 hours (paid or unpaid) consecutively or intermittently? ___ Yes ___ No
 5. Is condition for the request for pregnancy? ___ Yes ___ No
 - a. If yes, estimate delivery date: _____
 6. Approximate date condition began: _____
 7. Probable duration of the condition: ___ Lifetime ___ Unknown ___ End date, if known: _____
 8. Please check any applicable category or categories relating to medical condition:
 - Incapacity of More Than Three Calendar Days – This period of incapacity involves:
 - Treatment two or more times by a health care provider;
 - Treatment by a health care provider on at least one occasion with prescribed medication; and/or
 - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment (including prescriptions)
 - Pregnancy – Any period of incapacity due to pregnancy or for prenatal care
 - Hospital Care – inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility
 - Intermittent Incapacity/Chronic Conditions Requiring At least Two Treatments Per Year
 - May cause episodic rather than continuing periods of incapacity
 - Examples: migraine headaches, diabetes, fibromyalgia
 - Permanent/Long-term Conditions Requiring Supervision – Examples: Alzheimer’s, severe stroke, terminal illness
 - Multiple Treatments (Non-Chronic Conditions) – Examples: physical therapy for severe arthritis or dialysis for kidney disease
 - None of the above
- I have read and understand the University Procedure [31.06.01.R0.01 Sick Leave Pool Administration](#).
 - I understand that Sick Leave Pool must be used for reasons permitted in accordance with System Regulation [31.06.01 Sick Leave Pool Administration](#).
 - I understand that failure to provide proper medical documentation, if applicable, may impact my ability to receive Sick Leave Pool and that timeliness in providing the medical documentation is necessary as Sick Leave Pool may not be permitted retroactively.
 - Contingent hours may not be used for any other purpose including absences regularly permitted in accordance with System Regulation [31.03.02 Sick Leave](#) and it is my obligation to ensure proper usage of Sick Leave Pool only for the certified condition.

Signature: _____ Date: _____

Please return form to:

Texas A&M University-Commerce, Human Resources

Lisa Vibbert, Time and Leave Representative

HR.Leave@tamuc.edu