

**TEXAS WOMAN'S UNIVERSITY
REQUEST FOR SICK LEAVE POOL**

PART I: TO BE COMPLETED BY EMPLOYEE

Complete the application and forward it through administrative channels to Human Resources. The request will not be considered without required signatures and medical certification form.

Employee Name: _____

Dept: _____ Job Title: _____

Job Title and Essential Functions: _____

Supervisor: _____

Employment Date _____ Number of Hours Requested _____

From _____ to _____ (mm/dd/yyyy)

TYPE OF LEAVE REQUESTED:

Sick Leave Pool

Length of Service	0-2 years 2-5 years 5+ years	120 hours 360 hours 720 hours
Waiting Period	10 working days due to the particular illness or injury.	
Need for Leave	Catastrophic illness or injury of the employee or employee's immediate family requiring services of a licensed practitioner for a prolonged period of time.	
Maximum Benefit Per Occurrence	Time available is limited by statute to no more than 1/3 of the total time in the pool or 90 days, whichever is less.	
Maximum Lifetime Benefit	The total number of hours awarded to an employee with multiple occurrences will not exceed 1440 hours.	

REASON FOR LEAVE:

- Because of an injury or illness that occurred on the job.
- Because of my own serious health condition which makes me unable to perform the essential functions of my position.
- In order to care for a member of my immediate family with a serious health condition.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information.

I attest that the information noted above is true and accurate to the best of my knowledge and that I have full intention of returning to work

Employee's Signature

Date

Supervisor's Signature

Date