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| --- | --- | --- | --- | --- | --- |
| Employee Name: | |  | Texas State ID Number: | |  |
| Department: |  | | Phone Number: |  | |

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| --- | --- | --- | --- |
| **DONATION:** | | | |
| I wish to donate \_\_\_\_ hours of sick leave to the Sick Leave Pool. I understand that these hours will be deducted from my current sick leave balance and cannot be refunded to me.  Unlimited sick leave may be donated to the pool in eight hour increments (ex: 8, 16, 24). | | | |
| Employee Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUEST TO USE POOL LEAVE:** | | | |
| I request \_\_\_\_\_\_\_\_hours from the Sick Leave Pool for the period of \_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_. This request is for my own illness \_\_\_\_ or to care for my immediate family member \_\_\_\_ (relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). | | | |
| Employee Signature: |  | Date: |  |

I understand in order to be considered, I must meet the criteria outlined in [UPPS 04.04.30](http://policies.txstate.edu/university-policies/04-04-30.html) University Leave Policy and provide a completed Certification of Health Care Provider form to Human Resources.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

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| --- |
| **For HR Use Only:** |

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| --- | --- | --- | --- |
| HR Representative: |  | Date: |  |

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| --- | --- | --- | --- |
| Asst. VP, Human Resources: |  | Date: |  |

As a result of the 71st Legislature, Regular Session, Texas State implemented a Sick Leave Pool for employees who suffer a catastrophic illness or injury. The Assistant Vice President for Human Resources is the Pool Administrator.

Active employees may contribute an unlimited number of hours of sick leave to the pool each fiscal year, in increments of eight hours. Employees cannot stipulate who is to receive their donation. Once donated, employees cannot get the hours back. Employees do not have to donate to the pool to be eligible to draw hours from the pool.

Regular faculty and staff eligible to accrue sick leave are the only employees eligible to use the pool. Employees may use pool leave for their own illness or for their immediate family. To qualify for pool leave, employees must have been absent at least 30 working days in the immediate preceding six month period as a result of a catastrophic injury or illness. Catastrophic illness does not include routine pregnancy.

Employees must first use all of their own leave before pool leave will begin. Therefore, pool leave will begin after satisfying the 30 working day waiting period or after all paid leave is exhausted, whichever occurs later.

Requests for pool leave must be on the Sick Leave Pool Donation/Request Form and submitted to Human Resources along with a Certification of Health Care Provider Form which includes a description of the condition, prognosis, and expected return date.

All requests will be kept confidential and be considered on a first-come, first-served basis. The amount granted cannot be more than one-third of the balance of hours in the pool and will not exceed a maximum of 90 working days per illness. An employee may qualify for multiple awards for different illnesses; however, the total number of days awarded will not exceed 180 days per lifetime. Any unused hours of pool leave must be returned to the pool.

Further details may be found in [UPPS 04.04.30](http://policies.txstate.edu/university-policies/04-04-30.html) University Leave Policy. Questions and application requests should be directed to Human Resources at 512.245.2557, fax to 512.245.1942 or email [hr@txstate.edu](mailto:hr@txstate.edu).