SICK LEAVE POOL APPLICATION

NOTE: Application can only be accepted in HR during open enrollment in April and October. Policy is located on the intranet.

Name:_____ Date:_____

Employee ID:_____ Position Title:_____

Department:_____

I have received and read a copy of the Sick Leave Pool policy. I would like to become a member of the sick leave pool and authorize that 2 days be deducted from my accrued sick leave to initiate my membership in the sick leave pool.

_____ _____

Employee Signature Date

Approvals:

_____ _____ _____

Payroll Office Available Sick Leave Hours Date

_____ _____ _____

Personnel Office Hire Date Date