

REQUEST FOR GRANT FROM SICK LEAVE POOL

Addendum B

Information for Employees

1. An employee participating in the Sick Leave Pool may request grants up to 174 hours sick leave from the fund within a 12 month period.
2. There are eligibility requirements you must meet to receive a grant from the fund. You must answer **yes** to all the following statements at the time you receive the grant.

	yes	no
a. I have completed the 90-day qualifying period for use of sick leave	___	___
b. I have been absent more than 10 consecutive working days	___	___
c. I have exhausted all my sick leave, other accrued paid leave, and compensatory time	___	___
d. I have taken 5 days leave of absence without pay	___	___
e. I have received leave approval from my supervisor	___	___
f. I have provided a physician's certification of my condition	___	___
g. I have been a member of the Sick Leave Pool for at least 90 days	___	___
3. If you think you meet the eligibility requirements for a grant from the pool, complete and sign Section I of the form. Return this form to your Department Head/Elected Official.
4. If you have questions about your eligibility for a grant from the Sick Leave pool, see your supervisor or Risk Manager.

SECTION I (to be completed by employee)

I wish to receive a grant of ___ hours from the Sick Leave Pool.

name

Department

social security number

phone number where I can be reached

signature

date

SECTION II (to be completed by employee's Department Head/Elected Official)

_____ is eligible to receive a grant from the Sick Leave Pool.

I have confirmed that ___ hours are available from the Sick Leave Pool.

I agree to accept a grant of ___ hours of sick leave from the Sick Leave Pool for (check one):

___ personal use

___ care of a family member

Department Head

date

Risk Manager

date