



VOLUNTARY SICK LEAVE POOL
REQUEST FOR HOURS FROM POOL

EMPLOYEE SECTION

EMPLOYEE NAME: _____ TODAY'S DATE: _____

DEPARTMENT: _____ SUPERVISOR NAME: _____

By signing below, I hereby request to receive sick leave hours from the Grayson County Voluntary Sick Leave Pool.

I request that _____ hours of leave time be transferred into my personal employee leave account.

(NOTE: Amount above cannot exceed 175.00 hours per request and 720 hours per calendar year.)

I ___ have / ___ have not attached a statement from my healthcare provider. (Required.)

The reason for this request is:

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE INSTRUCTIONS: SUBMIT THIS FORM TO YOUR SUPERVISOR

SUPERVISOR SECTION

SUPERVISOR NAME: _____ TODAY'S DATE: _____

DEPARTMENT: _____

Please list any information you believe to be pertinent for the Pool Administrator in considering the eligibility of this employee to receive hours from the Sick Leave Pool. Staple additional sheets if necessary.

SUPERVISOR SIGNATURE: _____ DATE: _____

SUPERVISOR INSTRUCTIONS: SUBMIT THIS FORM TO THE POOL ADMINISTRATOR

POOL ADMINISTRATOR REVIEW

Has employee contributed to the Sick Leave Pool prior to this request? ____Yes ____No

Has the employee been continuously employed by the County for twelve (12) months ? ____Yes ____No

Has employee exhausted all paid leave prior to this request? ____Yes ____No

If no, list estimated date that all leave hours will be exhausted: _____

Did this illness or injury result from an incident occurring during the course of employment with any other employer ?
____Yes ____No

Is employee receiving Workers Compensation Benefits? ____Yes ____No

Does statement from the Licensed Healthcare Practitioner meet requirements of a catastrophic illness as described in County policy ? ____Yes ____No

COMMENTS:

POOL ADMINISTRATOR APPROVAL OR DENIAL

Does this employee meet all eligibility requirements? ____Yes ____No

If No, explain and list date referred to Sick Pool Review Panel: _____

This Request for Sick Leave Hours is: APPROVED NOT APPROVED

Pool Administrator Signature: _____ Date: _____

ACTIONS TAKEN

Amount of Leave approved: _____ hours (Amount may not exceed 175.00 hours per request and 720 hours per calendar year.)

Leave Balance adjusted: Initials: _____ Date: _____ Employee Notified: Initials: _____ Date: _____

Sick Pool Balance adjusted: Initials: _____ Date: _____ Supervisor Notified: Initials: _____ Date: _____