REQUEST FOR SICK LEAVE POOL

Health Care Certification of Catastrophic Condition

Office of Human Resources
500 W. University Ave.
El Paso, TX 79968
Fax #: (915) 747-5815
benefits@utep.edu

Section A: Employee/Patient Information (to be completed by Employee)

____________________________________ ____________________
Employee Name (Last, First) EMPLID

Pursuant to my application for Sick Leave Pool withdrawal, I authorize my licensed practitioner to release health information requested on this form and any other pertinent information concerning my health condition, or that of my immediate family member, to The University of Texas at El Paso's Office of Human Resources. To the extent I am a patient/immediately family member of employee, I authorize my licensed practitioner to release my health information to UTEP for purposes of determining the grant of Sick Leave Pool withdrawal.

____________________________________ ____________________
Employee signature Date

____________________________________ ____________________
Patient name Relationship

Section B: Licensed Healthcare Provider Information (to be completed by a Licensed Practitioner)

Physician Disclaimer: The employee named above has applied to the University's Sick Leave Pool for benefits because he/she or their immediate family member has experienced a catastrophic health condition to which all accrued time was exhausted. To help determine if Sick Leave Pool withdrawal is appropriate, please answer fully and completely all applicable sections and be as specific as possible. The terms "unknown" or "undetermined" may not be sufficient to grant Sick Leave Pool withdrawal.

Provider's name: ____

Type of Practice/Specialty: ____

Business address: ____

Telephone number: ____________________ Fax number: ______________________

Section B: Medical Facts

Conditions for Sick Leave Pool withdrawal must be considered catastrophic. For purposes of Sick Leave Pool withdrawal, pregnancy and elective surgery are not considered catastrophic conditions, except when life-threatening complications arise from them.

1) Catastrophic condition(s) and relevant medical facts (must be completed):

____
____
____
____

Did the patient need a life-saving surgery/procedure? _______________

Type of procedure(s): ____

2) Does the patient's condition qualify under the following (must be completed - check all that apply):

   - ☐ Result in death if not treated promptly
   - ☐ Result in the loss of a limb or major appendage if not treated promptly
   - ☐ Result in the permanent inability to self-ambulate if not treated promptly
   - ☐ Result in the loss or significant limitation of the sense of touch, hearing, or sight
   - ☐ Mental or behavioral health condition that causes patient to be incapable of self-care
   - ☐ Declared a risk to themselves or others
   - ☐ Other ____

3) Was the patient admitted in a hospital, hospice, or residential medical facility due to a diagnosis listed on #1?

   - ☐ Yes, date(s): _________________________
   - ☐ No

4) Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?

   - ☐ Yes, estimated begin and end date for period of incapacity: __________________________
   - ☐ No

5) If the employee's leave is required to care for an immediate family member with a catastrophic condition, what are the patient's needs involving the employee? (check all that apply)

   - ☐ Medical assistance
   - ☐ Assistance with activities of daily living
   - ☐ Psychological support
   - ☐ Transportation

____ ___________________________

Signature of Healthcare Provider Date

Notice Concerning Your Information: The Texas Public Information Act, with certain exceptions, gives you the right to be informed about information the University collects about you. It also gives you the right to request a copy of the information and to have the University correct any information that is not accurate. You may request to receive and review such information, or request to make corrections thereto, by contacting the University's Office of Human Resources.