



Family Leave Pool Application

Office of Human Resources- Leave Administration

Name _____ ID _____

Anticipated Leave Dates (enter TBD if unknown): _____

Previous donation of hours to the Family Leave Pool? YES NO

Select the reason(s) for your request and note the associated required document.		Required Document
<input type="checkbox"/>	birth of a child	Physician's note or birth certificate
<input type="checkbox"/>	placement of a foster child or adoption of a child under 18 years of age	Legal or foster/adoption agency documents
<input type="checkbox"/>	placement of any person 18 years of age or older requiring guardianship	Legal document
<input type="checkbox"/>	serious illness to an immediate family member or the employee, including a pandemic-related illness Family Member Name _____ Relation _____	Physician's note
<input type="checkbox"/>	extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member Family Member Name _____ Relation _____	Essential caregiver designation, or proof of school or daycare closure

To be eligible for Family Leave Pool, your leave balances must be exhausted. Please indicate your current leave balances.

Sick		State Compensatory Time	
Vacation		Overtime	

Based on the reason for this request, has a **Sick Leave Pool Application** been submitted? YES NO

Explain: _____

ACKNOWLEDGMENT & SIGNATURE

- I understand the decision made by the Family Leave Pool Administrator concerning my request is final.
- I understand I must submit the required documentation along with this request.
- I understand medical information stays within the Office of Human Resources- Leave Administration Unit.
- I understand that an incorrect, incomplete, misleading or false statement furnished by me may result in sufficient cause for denial of leave and/or disciplinary action.

Employee Signature

Date

EMAIL COMPLETED FORM TO HRLEAVEADMIN@UTEP.EDU.