



# SICK LEAVE POOL APPLICATION

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

Employee: Please complete this page before providing the *Healthcare Certification of Catastrophic Condition* form to your attending physician. Sick Leave Pool is a distribution of hours for catastrophic health conditions and is not the same as Family Medical Leave\*; although Sick Leave Pool will run concurrently with Family Medical Leave, if applicable. It is recommended you apply for Sick Leave Pool prior to exhausting your accrued leave time. Please refer to the University Handbook of Operating Procedures (HOOP: Sec.V, Ch.16-Sick Leave Pool) for additional information. \*\*

\_\_\_\_\_  
Employee Name (Last, First)

\_\_\_\_\_  
EMPLID

\_\_\_\_\_  
Department

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Patient's Name (Last, First) (if different from employee)

\_\_\_\_\_  
Relationship to employee

\_\_\_\_\_  
Approximate dates of unpaid leave

\_\_\_\_\_  
Hours

I have, or  I have not, received prior distributions of Sick Leave Pool hours related to this same catastrophic condition.

\*For purposes of Sick Leave Pool, pregnancy and elective surgery are not considered catastrophic conditions, except if life-threatening complications arise.

\*\*For purposes of Sick Leave Pool, immediate family members are individuals who live in the same household as the employee and are related by kinship, adoption, or marriage; or are foster children certified by The Texas Department of Child Protective and Regulatory Service, or an employee's minor child regardless of whether the child lives in the same household. If not in the same household, an immediate family member is strictly limited to the employee's spouse, child, or parent.

### Acknowledgement and Signature:

I understand that the decision of the Office of Human Resources concerning my application for Sick Leave Pool withdrawal is final, and that approval or disapproval of my application will occur within 10 days of the date of this application.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

No. of hours approved: \_\_\_\_\_

Approved  Denied

\_\_\_\_\_  
Sick Leave Pool Administrator

\_\_\_\_\_  
Date

Please retain a copy for your records and submit the original to the Office of Human Resources.