

Request to Use Sick Leave Pool

I hereby request use of the District's Sick Leave Pool (SLP). I have reviewed District Policy GBBDAA, and reasonably believe that I meet the eligibility requirements for use of the SLP. I confirm the following:

- I am a current participating member of the Sick Leave Pool.
- I require leave from work because I personally have a serious health condition.
- I understand one of the requirements to be approved for SLP, requires me to submit a completed form WH-380-E, "Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)," signed by my health care provider.
- I understand I am required to take leave without pay for 5 consecutive work days prior to receiving the SLP paid benefit.
- I have exhausted (or will have exhausted by the date which I am requesting to begin drawing from the SLP) all other paid leave available to me

Employee's Name: _____

The date on which I first took (or expect to take) leave in connection with this serious health condition:
/ /

I am requesting to draw from the SLP beginning on or around :

/ /

and ending on (if known): / /

Signature: _____

Date: _____

/ /

Submit the completed form to the HR Department

HR Department Use Only:

Received by: _____ Date Received: _____

Number of eligible days for applicant: _____ Sufficient documentation provided for leave request: _____ Yes _____ No

Request is: ☐ Approved ☐ Denied

Signature of Exec. Director HR: _____

Date: _____

