



# APPLICATION TO USE SICK LEAVE POOL CREDITS

PLEASE PRINT OR TYPE:

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ (Last) (First) (MI) Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Applicants Designee (if applicable): \_\_\_\_\_

Designee's Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Length of Time Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Hours Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any disability insurance benefit covering this illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please provide name of insurance provider: \_\_\_\_\_

Type of coverage: \_\_\_\_\_

Amount of coverage: \_\_\_\_\_ Effective date: \_\_\_\_\_

I certify the information provided above is complete and true to the best of my knowledge. I understand that sick leave pool hours are granted only for personal catastrophic illnesses or injuries. Catastrophic illness or injury, as defined by the pool, is a severe condition or combination of conditions affecting the mental or physical health of an employee, which has resulted in a life-threatening condition or has had a major impact on life-functions. I further understand that if the diagnosis of my medical condition as described by my licensed medical practitioner changes, and as a result, my condition no longer meets the criteria for a catastrophic illness or injury, I may be required to submit updated medical certification and/or return to the pool any sick leave pool hours already granted. I also acknowledge that the granting of sick leave pool hours in no way limits the university's rights to proceed with any employment or disciplinary action. Should I retire, transfer, resign or be terminated from Armstrong Atlantic State University employment, I understand that I will be terminated from the sick leave pool effective on the date of the personnel action. Any unused pool hours I may still have on that date will be returned to the pool.

\_\_\_\_\_  
Printed Name of Applicant/Designee

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name of Immediate Supervisor

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name of Dean, Director, Department Chair

\_\_\_\_\_  
Signature Date