



Sick Leave Pool

APPLICATION FOR MEMBERSHIP

I am formally requesting membership in the Armstrong Atlantic State University's sick leave pool. I understand that:

1. Upon acceptance for initial membership, sixteen (full-time benefited employee) hours or eight (part-time benefited employee) hours of leave will be deducted from my sick leave balance. I may be asked to deduct another eight (full-time benefited employee) hours or four (part-time benefited employee) hours of leave if the pool balance ever is reduced to 120 hours. Further, I understand this additional deduction will occur unless I inform the appropriate administrator, in writing, within ten workdays of the date I am notified of the need for additional deduction of my wish to discontinue membership.
2. My request for sick leave pool hours must be made, in writing, to the sick leave pool administrator by my representative or myself. I understand that I may request one day from the pool for each day of personal sick leave that I have accrued, up to a maximum of 480 hours.
3. Pool payments will be coordinated with any and all disability insurance benefits I may accrue, and I will not receive more than my current salary after all benefits from applicable programs are applied.
4. I must provide proper verification as required by the Armstrong Atlantic State University's sick leave pool committee before I will be granted sick leave benefits.
5. My participation in the pool is at all times voluntary, and I may request in writing, at any time, that my membership be canceled. I understand that any hours I have contributed will remain in the pool upon cancellation of membership or termination of employment.
6. I acknowledge 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 transfer, retire, resign or be terminated from Armstrong Atlantic State University employment, I understand I will be terminated from the sick leave pool on the date of the personnel action, and any unused hours will be returned to the pool, and that I will not receive any payment for unused hours.
7. Should enrollment drop below 50 employees, the pool shall become inactive per policy dated February 2006.

Please complete the following—please print

Last Name:	First:	M.I.
Employee ID:	Date of Hire:	
Home Phone:	Work Phone:	
Employee Signature:	Date:	

To be completed by your sick leave pool administrator.

Your application is:

_____ Approved. I certify that, as of ____/____/____, the above individual has _____ hours of sick leave and has been employed with the Armstrong Atlantic State University for at least one year and that _____ sick leave hours have been deducted from his or her balance and contributed to the Armstrong Atlantic State University's sick leave pool.

_____ Disapproved, because: _____

Sick Leave Pool Administrator's Signature

Date

Please complete the required information and return to the Human Resources Office.