

Texas A&M International University Sick Leave Pool Withdrawal Form

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

INSTRUCTIONS: This form is used by employees, in conjunction with the Medical Certification Form, to request hours from the Sick Leave Pool. This form must be submitted in a timely manner, with supporting documentation. TAMU System Regulations prohibit retroactive pay from the Sick Leave Pool. **Sick Leave Pool hours cannot be granted to the employee without the approval from the Sick Leave Pool Administrator, nor can it be used in conjunction with Workers' Compensation benefits.**

Employee Name	UIN	
Department Name	Date	
Number of Hours Requested	Start Date	Ending Date
Percent Effort	Employee is paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly	
Employee was absent from work due to this condition beginning on (date) _____		
Employee met the minimum lost time hour requirement on (date) _____ at (time) _____		
Employee exhausted all accrued sick leave, vacation, and compensatory time as of (date) _____ at (time) _____		
Reason for withdrawal: <input type="checkbox"/> Employee's condition <input type="checkbox"/> Care for eligible family member Relationship: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____		

Employee Signature (if available)

Date

Employee Name (printed)

VERIFICATION: I certify that the above mentioned employee has met/will meet the 80-hour (or prorated amount, if less than 100% effort) lost time requirement on the date and time indicated above, and has exhausted all sick leave, vacation, and compensatory time on the date and time indicated above.

Department Head Signature

Date

Department Head Name (printed)

APPROVAL (FOR HR USE ONLY): I certify that the above mentioned employee has met/will meet the 80-hour (or prorated amount, if less than 100% effort) lost time requirement on the date and time indicated above, and has exhausted all sick leave, vacation, and compensatory time on the date and time indicated above.

Sick Leave Pool Administrator Signature

Date

Sick Leave Pool Administrator Name (printed)

PLEASE SUBMIT FORM TO:

Office of Human Resources
KL 158

FOR ASSISTANCE WITH COMPLETING THIS FORM:
Office of Human Resources
(956) 326-2365
hr@tamiu.edu