



FLORIDA ATLANTIC UNIVERSITY
APPLICATION FOR SICK LEAVE POOL HOURS

Please clearly print or type the requested information.

NAME EMPLOYEE ID
DEPARTMENT TITLE
HOME ADDRESS PHONE NO:

DESIGNATED REPRESENTATIVE \*(only when employee is medically unable to communicate decisions. Must provide medical documentation.)

PHONE NO: EMAIL:

LENGTH OF LEAVE TIME REQUESTED: From To

REASON FOR REQUEST:

DO YOU HAVE DISABILITY INSURANCE TO COVER THIS ILLNESS? Yes No

IF YES, provide name of insurance provider, type and amount of coverage:

\*\* COMPLETED APPLICATIONS MUST INCLUDE AN ATTENDING PHYSICIAN'S STATEMENT. THE UNIVERSITY RESERVES THE RIGHT TO REQUEST A SECOND OPINION\*\*

Your absence may qualify you under the Family Medical Leave Act (FMLA) and with the proper documentation, will be classified as such. Under FMLA, you are entitled to twelve (12) weeks or 480 hours of leave each rolling calendar year.

"I certify that all information provided in support of this application is complete and true to the best of my knowledge. I understand that the Sick Leave Pool Committee will review information of a confidential nature in order to determine my request.

Signature of Applicant (or designated representative) Date

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TO BE COMPLETED BY DEPARTMENT OF HUMAN RESOURCES:

Applicant is currently an active member of the Sick Leave Pool
Applicant has, or will have, depleted all personal annual, compensatory, and sick leave credits
Human Resources has received a completed Attending Physician's Statement
Disability Insurance Coverage has been coordinated with Sick Leave Pool benefits
Verified that request does not exceed maximum 480 hours or 60 work days per 12 month period
Total Sick Leave Pool credits authorized in last 12 months

SICK LEAVE POOL COMMITTEE DECISION: APPROVED DISAPPROVED

TOTAL SICK LEAVE HOURS APPROVED

LENGTH OF TIME APPROVED: FROM TO

Chairperson, Sick Leave Pool Committee Date

Employee Relations Signature Date

Return to: Florida Atlantic University
Department of Human Resources
777 Glades Road - IS-4, Room 231
Boca Raton, FL 33431
Fax: (561) 297-1256