



**Sick Leave Pool / Family Leave Pool Withdrawal Request**

**Employee Information:**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ FTE: \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ State/Zip \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Pay Type: \_\_\_ Monthly \_\_\_ Bi-Weekly Normal months worked per year \_\_\_ Months \_\_\_ Other

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* You may only withdraw from one pool per application\*\***

You may request to withdraw a Minimum of 5 days, Maximum of 30 days per application

Number of days requested: \_\_\_\_\_ (Minimum of 5 days, Maximum of 30 days)

\_\_\_\_\_ Sick Leave Pool

\_\_\_\_\_ Family Leave Pool

**\*\* You must initial by each statement to denote you understand and agree to the following provision:**

\_\_\_\_\_ The Human Resources Department may request the department to provide leave records on the employee if necessary for processing benefits including but not limited to disability applications, workers compensation claims, and death claims.

\_\_\_\_\_ You must immediately report any changes to the approved leave to the Human Resources Department.

\_\_\_\_\_ The employee will be given state premium sharing for employee and/or dependents toward the cost of health insurance while on Sick or Family Leave Pool. Continuation of group insurance is subject to the conditions and policies of the 'Employees Retirement System of Texas' relating to coverages while on leave.

\_\_\_\_\_ You will be notified via email on the status of your application.

[Family Leave Pool - 02/2D10](#)

[Sick Leave Pool - 02/2D2](#)

Have you exhausted all other types of paid leave? (Sick, vacation, and sick leave donation) Yes\_\_\_ No\_\_\_

Has the illness or injury lasted or will last 30 or more consecutive days? Yes\_\_\_ No\_\_\_

Are you bonding with or caring for child/children during the child's first year following birth? Yes\_\_\_ No\_\_\_

Is this for the placement of a foster child or adoption of a child under 18 years of age? Yes\_\_\_ No\_\_\_

Is this for the placement of any person 18 years of age or older requiring guardianship? Yes\_\_\_ No\_\_\_

**\*\*Is there serious illness to an immediate family member, including pandemic-related illness or complications caused by a pandemic\*\*?** Yes\_\_\_ No\_\_\_

Are you providing essential care to a family member due to extenuating circumstance created by an ongoing pandemic? Yes\_\_\_ No\_\_\_

A serious illness to self, including pandemic-related illness? Yes\_\_\_ No\_\_\_

Are there extenuating circumstances created by an ongoing pandemic? Yes\_\_\_ No\_\_\_

Have you attached a physician statement that includes diagnosis and estimated length of disability? Yes\_\_\_ No\_\_\_

Have you attached an essential caregiver designation document? Yes\_\_\_ No\_\_\_

Have you attached proof of closure of a school or daycare or other appropriate documentation? Yes\_\_\_ No\_\_\_

Have you filed an application for benefits under Short Term/Long Term Disability plan, if applicable? Yes\_\_\_ No\_\_\_

*\*\*Immediate Family - Those individuals related by kinship, adoption, marriage or certified foster children who are living in the same household or if not in the same household are totally dependent on the employee for personal care or services on a continuing basis\*\*.*

I understand that my Leave Pool withdrawal request will be processed on a first come, first served basis. The number of days I may be granted is based on the number of hours available in the pool. I understand I may not receive the full amount requested. I understand that any unused hours must be returned to the original Leave Pool. The University reserves the right to require a second (2<sup>nd</sup>) opinion. Some employees are ineligible for Leave Pool, including those with less than 50% FTE; irregular, seasonal, temporary or student workers; workers compensation and others as listed in the University Policy. The lifetime maximum for Sick and Family Leave Pool withdrawals is 90 days each, with no more than 30 days allowable per withdrawal.

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

**Please return this form directly to HR for processing**  
**Fax: 713-743-1723 or Email: [hrleave@central.uh.edu](mailto:hrleave@central.uh.edu); [hrben@central.uh.edu](mailto:hrben@central.uh.edu)**

**This Section to be completed by HR**

Vacation Balance as of last day: \_\_\_\_\_ Sick Leave Balance as of last day: \_\_\_\_\_

Date Last Paid \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total Hours Requested from Leave Pool: \_\_\_\_\_

Leave Pool type approved: \_\_\_\_\_ Sick Leave Pool \_\_\_\_\_ Family Leave pool

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Total Hours Approved from Sick Leave Pool: \_\_\_\_\_

Sick Leave Pool hours previously taken (lifetime): \_\_\_\_\_

The Human Resources Department acknowledges \_\_\_\_\_ days of Sick Leave Pool is approved.

If Sick Leave Pool is not approved, reason: \_\_\_\_\_

\_\_\_\_\_

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Total Hours Approved from Family Leave Pool (Sick): \_\_\_\_\_

Total Hours Approved from Family Leave Pool (Vacation): \_\_\_\_\_

Family Leave Pool hours previously taken (lifetime): \_\_\_\_\_

The HR Department acknowledges \_\_\_\_\_ sick leave pool is approved.

The HR Department acknowledges \_\_\_\_\_ vacation days Pool is approved.

If Family Leave Pool is not approved, reason: \_\_\_\_\_

\_\_\_\_\_

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- An electronic Personnel Action Request (ePAR) is required to place the employee on Sick or Family Leave Pool and should be submitted once Leave Pool hours have been approved.

Application processed by: \_\_\_\_\_ Date: \_\_\_\_\_