



www.BilingualEducation.org

Sick Leave Pool Withdrawal Form

INSTRUCTIONS: This form is used, in addition to the Attending Physician Certification, to request hours from the Sick Leave Pool. This form must be submitted in a timely manner. Sick Leave Pool time cannot be credited to the employee, nor can it be used in conjunction with Workers' Compensation Benefits.

Employee Information		
First Name (Please print)		Last Name (Please print)
Hours Requested:	Start Date:	Ending Date:
Employee was absent from work due to this condition beginning on (date):		
Reason for withdrawal: <input type="checkbox"/> Catastrophic injury or illness. Attach FMLA Certification or physician's documentation. (A "catastrophic injury or illness" is defined as a severe condition affecting the physical or mental health of the employee or dependent family member).		
Employee exhausted all accrued sick and personal leave as of (date):		
If used for dependent family member give name:		and relationship:
I, the undersigned employee, understand that I will <u>not</u> accrue sick and personal leave while using leave from the Sick Leave Pool.		
_____ Employee Signature (if available)		_____ Date

I certify that the above employee has exhausted all sick and personal leave as of (date):
Therefore, The employee will be granted leave from the Sick Leave Pool.

Chief Financial Officer Signature

Date

Chief Executive Officer Signature

Date