LAMAR INSTITUTE OF TECHNOLOGY

A Member of The Texas State University System

REQUEST FOR SICK LEAVE POOL HOURS

Name: _____   Employee ID #: _____

Job Title: _____   Department: _____

Date of Hire: _____   Last Day Worked: _____

Date Requested: _____   Hours Requested: _____

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The Sick Leave Pool provides sick leave for qualified employees with catastrophic conditions. To qualify, all accrued leave must be exhausted, employee must be employed for at least one year in a regular position, and employee must be absent from job for 160 hours due to a catastrophic condition. A physician's statement identifying the catastrophic condition must be provided.

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In signing this request, I authorize review of my medical information submitted to support this request.

Employee Signature: _____   Date: _____

Sick Leave Pool Administrator: _____   Date: _____

Approved: ☐   Denied: ☐

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