Sick Leave Pool Request and Approval Form

HUMAN RESOURCES
LAMAR UNIVERSITY

Name _____ Lamar ID _____ Department _____

Job Title _____ Date of Hire _____ Last Day Worked _____

Estimated Leave Return Date _____ Hours Requested _____

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 catastrophic condition. Physician's statement identifying catastrophic condition must be provided. Patient's condition may qualify as follows: If not treated promptly the following may occur such as; death, result in the loss of an arm, leg, major appendage, result in the permanent inability to self-ambulate, result in the loss or significant limitation of the sense of touch, hearing or sight, mental or behavioral health condition causes patient to be incapable of self-care, declared a danger to him or herself or others.

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

Employee Signature _____ Date _____

As the department head of the employee listed above, I am aware that the employee has applied for leave as indicated above.

Department Head Signature _____ Date _____

Eligibility Verification

Catastrophic Illness Yes _____ No _____

Current Leave Balances Sick _____ Vacation _____ Compensatory Time _____

Leave without Pay Begins _____

160 Hour Waiting Period Start Date _____ End Date _____ Date Eligible _____

FMLA Eligible Yes _____ No _____ If Yes, # Weeks Taken _____

Short Term Disability Yes _____ No _____ If Yes, Date Approved _____

Long Term Disability Yes _____ No _____ If Yes, Date Approved _____

Authorization

Request has been Approved _____ Denied ____ If Approved, # of Hours Granted _____

Approved Usage Period _____ Approved Usage Period _____

Approved Usage Period _____ Approved Usage Period _____

HR Leave Coordinator Signature _____ Date _____

VPHR Signature _____ Date _____

Revised 10/14/2021