

SALT LAKE COMMUNITY COLLEGE  
APPLICATION FOR SICK LEAVE POOL

Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

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

Manager: \_\_\_\_\_

Start date of leave: \_\_\_\_\_

Expected date of return to work: \_\_\_\_\_

POLICY # C2S04.07 VACATION LEAVE, SICK LEAVE, FAMILY MEDICAL LEAVE, SICK LEAVE POOL

**PURPOSE:** To outline the donation of sick leave to a Sick Leave Pool, and an employee's eligibility to use leave from the pool to alleviate substantial loss of income due to his/her own serious health condition or his/her absence necessary to care for a family member with a serious health condition.

Please explain your need for Sick Leave Pool including any additional health and financial concerns.

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Employee Signature: \_\_\_\_\_

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

**NOTE:** Application for Sick Leave Pool based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by verifying medical certification from a qualified health care provider. Request based on financial hardship requires employee explanation of circumstances contributing to financial hardship.