SALT LAKE COMMUNITY COLLEGE
APPLICATION FOR SICK LEAVE POOL

Name: _____ Banner ID: _____

Department: _____ Manager: _____

Start date of Leave: _____

Expected date or return to work: _____

PLICY #C2S04.16 SICK LEAVE POOL

PURPOSE: To outline the donation of sick leave to a Sick Leave Pool, and am 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.