

REQUEST TO ESTABLISH A SICK LEAVE POOL

1. Name of person requesting that a sick leave pool be established

2. State reason for the establishment of the sick leave pool

3. Number of days you are requesting (40 days maximum)

4. Please attach a statement from your doctor to support your need to be away from work.

5. An employee may request that a sick leave pool be established only after he or she has exhausted his or her state, local and personal days. For twelve month employees, all vacation days must also be exhausted before a sick leave pool may be established.

Signature: _____ Date: _____