

A6200 University Center Tallahassee, FL 32306-2410 Phone: (850) 644-9610

2022 APPLICATION FOR SICK LEAVE POOL MEMBERSHIP

FEBRUARY 7-25, 2022

The open enrollment period for University Sick Leave Pool (SLP) membership is February 7-25, 2022. Please allow approximately 6 – 8 weeks for processing after the open enrollment deadline. You will be notified once the Sick Leave Pool Committee has made a decision regarding your application. If you are already a member of the Sick Leave Pool, you do not need to reapply.

Employee Name (Print) Employee Email Department Representative Name (Print)		Employee ID	Record
		Department Department Representative Email/Phone	
I AM R	REQUESTING CONSIDERATION FOR MEMBERSHIP IN THE FSU SIG	CK LEAVE POOL. I UNDERSTAND THA	AT:
A.	To qualify for membership, I must have worked for the University position, have a sick leave balance of at least 72 hours as of Fe 9 days for each year of my University employment. Upon acceptom my sick leave balance and up to 16 hours of sick leave pe Pool balance is reduced below 240 hours. I further understand FSU Sick Leave Pool. More information is available on the Hunand-procedures/faculty-staff/sick-leave-pool or I may contact.	bruary 17, 2022, and have an average ptance for membership, 8 hours of some ser year (in 8 hour increments) may be at these are the basic requirements and Resources web site at http://po	ge sick leave use of less that sick leave will be deducted e automatically taken if the nts to be accepted in the licies.vpfa.fsu.edu/policies-
В.	If approved for membership, I may request to use up to 480 hor This time can only be requested if I personally become severel annual, personal holiday and compensatory leave. This reques my representative each month that I am ill by submitting the "form.	y or critically ill or injured and I have t must be made in writing to the Poo	e exhausted all my sick, ol Administrator by me or
C.	The maximum number of hours that an FSU Sick Leave Pool mounderstand that while employed with FSU, the lifetime maxim		-
D.	Members must provide proper certification as required by the FSU Sick Leave Pool Committee for consideration before hour from the Pool may be granted.		
E.	My participation in the Pool is voluntary and I may request in writing, at any time, that my membership be canceled by submitting the "University Sick Leave Pool Termination" form.		
F.	I accept the Sick Leave Pool Committee's decision regarding m	y request for Sick Leave Pool benefit	ts as final.
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⊨mpl	oyee Signature	Date	