



UNIVERSITY OF CENTRAL FLORIDA

## Human Resources

### SICK LEAVE POOL REQUEST FORM

Instructions: Once completed and signed, this form must be submitted to HR Leave Administration with a completed UCF Medical Certification Form.

Name:

*First*

*Middle*

*Last*

Position Title:

Department:

Home Phone:

Cell Phone:

UCF ID:

Reason:

Sick Leave Pool Membership:      USPS      A&P/Faculty

Estimated Return to Work Date:

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### AGREEMENT

I have attached a UCF Medical Certification Form signed by my Health Care Provider or one has been previously provided for my Leave of Absence. I understand that the medical information will be reviewed by the Sick Leave Pool Committee for the express purpose of determining my eligibility for Sick Leave Pool hours. I understand that my medical information is confidential, and my name is redacted from all documents for the review.

I understand that the number of hours a member can withdraw from the pool is determined by the UCF Regulation governing the pool for which I am a member.

If I am granted hours from the Sick Leave Pool, it is my understanding that I must return unused hours to the pool. I must notify HR Leave Administration of the hours I will be returning to the pool. I also understand that I must use all accrued Time Off before using Sick Leave Pool hours.

[UCF Regulation 3.026 \(USPS Sick Leave Pool\)](#)

<https://regulations.ucf.edu/docs/chapter-03/ucf-3-026/>

[UCF Regulation 3.0261 \(A&P/Faculty Sick Leave Pool\)](#)

<https://regulations.ucf.edu/docs/chapter-03/ucf-3-0261/>

Employee Signature:

Date:

The completed form and medical documentation should be emailed to [LOAandWorkComp@ucf.edu](mailto:LOAandWorkComp@ucf.edu) or sent via confidential fax at (407) 882-9023.