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.

First	1	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:			
	AGF	REEMENT	
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.			
<u>UCF Regulation 3.026 (USPS Sick Leave Pool)</u> : https://regulations.ucf.edu/chapter3/documents/3.026USPSSickLeavePoolFINAL_July15.pdf			
<u>UCF Regulation 3.0261 (A&P/Faculty Sick Leave Pool)</u> https://regulations.ucf.edu/chapter3/documents/3.0261FacultyAPSickLeavePoolFINALAug15.pdf			
Employee Signature:			Date: