



CISCO COLLEGE

## Application to Use Sick Leave Pool Hours

Return Original Application to Cisco College Human Resources Director. Applicants must meet the eligibility conditions of catastrophic illness or injury defined in Cisco College Policy 4.4 L, Sick Leave Pool. Alteration or falsification of information on either this application or the Physician's Statement may result in termination of benefits and disenrollment from Sick Leave Pool.

Date: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Number of Days Requested: \_\_\_\_\_ (Max 30)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_

Date of onset of current illness: \_\_\_\_\_

Nature of Illness:

\_\_\_\_\_

\_\_\_\_\_

Is this work related?  Yes  No

Is condition the result of an accident at work?  Yes  No

Have you had this illness previously?  Yes  No

If Yes, when? \_\_\_\_\_

Are you currently on approved FMLA? \_\_\_\_\_

If absence is related to illness of family member, state relationship to him/her: \_\_\_\_\_

Individual is:

\_\_\_\_ not a family member but resides with the employee and employee is the primary caregiver

\_\_\_\_ family member and resides with the employee

\_\_\_\_ family member

Have you requested Sick Leave Pool benefits for this condition previously? \_\_\_\_ Yes \_\_\_\_ No

Have you received Sick Leave Pool benefits previously for an unrelated condition? \_\_\_\_ Yes \_\_\_\_ No

If Yes, when? \_\_\_\_\_

**I agree to abide by the terms of the College policy regarding use of the Sick Leave Pool.**

**Applicant's Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Use Only:**

\_\_\_\_\_ Enrolled

\_\_\_\_\_ Deducted from leave balance

\_\_\_\_\_ Posted to SLP balance

