

Request for Sick Leave Pool Income for Catastrophic Conditions Employee Application

Revised 8/2018

**Complete this application and submit to:
Human Resources, Benefits & Leave Management**

1616 Guadalupe St. Suite 3.408 • Austin, TX 78701 Phone 512-475-8099 • Fax 512-471-7008

For Completion by the EMPLOYEE

Please complete page one before giving this form to your health care provider. The University of Texas at Austin maintains records and documents created for Sick Leave Pool as confidential and in separate files from the department personnel files. Sick Leave Pool is an award of income for catastrophic health conditions and is not the same as Family Medical Leave (FML); although Sick Leave Pool will run concurrently with FML, if applicable. Failure to provide a complete and sufficient Sick Leave Pool application may result in denial of your Sick Leave Pool request. You should apply for Sick Leave Pool prior to exhausting your accrued leave time.

 Employee's Name

Shift

UT EID

 Job Title & Essential Job Functions if application is for employee's own catastrophic¹ health condition:

 I have have not received an award of Sick Leave Pool for this same catastrophic condition before.

 Home address, city, state, zip code

 Home phone

Other Phone

 Department Contact

Office phone

 Patient's Name (if different from employee)

 Relationship (must be an immediate family member² for Sick Leave Pool purposes)

¹For purposes of Sick Leave Pool, pregnancy and elective surgery are not considered catastrophic conditions, except when life-threatening complications arise from them.

²For purposes of Sick Leave Pool, an Immediate Family Member are those individuals who live in the same household as the employee and are related by kinship, adoption, or marriage; or are foster children certified by the Texas Department of Child Protective and Regulatory Services, or an employee's minor child regardless of whether the child lives in the same household. If not in the same household, an immediate family member is strictly limited to the employee's spouse, child or parent.

Acknowledgement and Signature

Sick Leave Pool requirements must be met for an award, and I understand that the decision of Human Resources concerning my request is final. If denied, I may still qualify for unpaid FMLA or other leave options and should contact Human Resources to discuss all other available leave options.

 Employee's Signature

Date form signed