



FLORIDA STATE UNIVERSITY  
 OFFICE OF HUMAN RESOURCES  
 A6200 University Center  
 Tallahassee, FL 32306-2410  
 Phone: (850) 644-9610

**2019 APPLICATION FOR SICK LEAVE POOL MEMBERSHIP**  
**FEBRUARY 4-22, 2019**

Send to [acapenos@fsu.edu](mailto:acapenos@fsu.edu)

The open enrollment period for University Sick Leave Pool (SLP) membership is February 4-22, 2019. 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.

<b>Employee Name (Print)</b>	<b>Employee ID</b>	<b>Record</b>
<b>Employee Email</b>	<b>Department</b>	
<b>Department Representative Name (Print)</b>	<b>Department Representative Email/Phone</b>	
<b>Supervisor Name (Print)</b>	<b>Supervisor Email</b>	

**I AM REQUESTING CONSIDERATION FOR MEMBERSHIP IN THE FSU SICK LEAVE POOL. I UNDERSTAND THAT:**

- A. To qualify for membership, I must have worked for the University for at least one continuous year in an established salaried position, have a sick leave balance of at least 72 hours as of March 7, 2019, and have an average sick leave use of less than 9 days for each year of my University employment. Upon acceptance for membership, 8 hours of sick leave will be deducted from my sick leave balance and up to 16 hours of sick leave per year (in 8 hour increments) may be automatically taken if the Pool balance is reduced below 240 hours. I further understand that these are the basic requirements to be accepted in the FSU Sick Leave Pool. More information is available on the Human Resources web site at <http://policies.vpfa.fsu.edu/policies-and-procedures/faculty-staff/sick-leave-pool> or I may contact Anna Capenos at [acapenos@fsu.edu](mailto:acapenos@fsu.edu) or (850) 644-9610.
- B. If approved for membership, I may request to use up to 480 hours from the FSU Sick Leave Pool within a 12-month period. This time can only be requested if I personally become severely or critically ill or injured **and** I have exhausted all my sick, annual, personal holiday and compensatory leave. This request must be made in writing to the Pool Administrator by me or my representative each month that I am ill by submitting the "Sick Leave Pool – Physician’s Report/Request To Use Hours" form.
- C. The maximum number of hours that an FSU Sick Leave Pool member may be granted in a 12-month period is 480 hours. I also understand that while employed with FSU, the lifetime maximum number of Pool hours I may use is 960 hours.
- D. Members must provide proper certification as required by the FSU Sick Leave Pool Committee for consideration before hours from the Pool may be granted.
- E. My participation in the Pool is, at all times, 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 my request for Sick Leave Pool benefits as final.

**Employee Signature**

**Date**