

PRAIRIE VIEW A&M UNIVERSITY

UNIVERSITY ADMINISTRATIVE PROCEDURE

31.06.01.P0.01 **Sick Leave Pool**
Revised (September 2, 2010)
Next Scheduled Review (September 2011)

1. **PURPOSE**

1.1 The purpose of the Sick Leave Pool Procedure is to support System Regulation 31.06.01 and to outline the procedures involved when employees request leave from the Sick Leave Pool.

2. **DEFINITIONS**

2.1 **Catastrophic illness or injury** is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires treatment by a licensed practitioner for a prolonged period that would result in loss of compensation from the state.

2.2 **Licensed practitioner** is a practitioner, as defined in the Texas Insurance Code, who is practicing within the scope of his or her license.

2.3 **Immediate family** is defined as those individuals living in the same household and related by kinship, adoption, or marriage; foster children certified by the Texas Department of Protective and Regulatory Services; or a child for whom the employee acts in place of a parent "*loco parentis*".

2.4 **160-hour Waiting Period** is the requirement stipulating that a full-time employee may not access the pool until s/he has missed 160 cumulative hours of work (50% effort employee = 80 cumulative hours of missed work, etc.) due to any one medical condition.

3. **ELIGIBILITY**

3.1 Employees may qualify for pool hours if:

3.1.1 the employee or family member has been under a licensed practitioner's care and the illness/injury has resulted in the employee's being absent from work for a minimum of 160 hours (hours missed do not need to be consecutive for pool purposes); and

3.1.2 eligible sick, vacation, and/or compensatory time has been exhausted.

4. CONTRIBUTING TIME

- 4.1 To contribute sick leave time to the pool, an employee must submit a [Sick Leave Pool Donation Form](#) to the Office of Human Resources, Central Leave Administrator.
- 4.2 An eligible employee may transfer to the pool one day or more of the employee's accrued sick leave. Contributions will be in one-day increments. A retiring employee may designate the number of his/her accrued sick leave hours to be donated on retirement to the sick leave pool.
- 4.3 The Pool Administrator will credit the sick leave pool with the amount of time contributed by that employee and will deduct or direct the deduction of a corresponding amount of time from the employee's sick leave accrual as if the employee had used the time for permissible purposes.
- 4.4 All contributions are voluntary.

5. PROCEDURES

- 5.1 Employees must submit their request online using the Leave Traq system by logging into the Single Sign On (SSO) site at <https://sso.tamus.edu/>. Please be sure to select "Sick Leave Pool" from the Leave Type drop down menu.
- 5.2 The employee must submit a [Certification of Health Care Provider for Employee's Serious Health Condition](#) **OR** [Certification of Health Care Provider for Family Member's Serious Health Condition](#); [Sick Leave Pool Form](#); and [Acknowledgement & Sick Leave Pool Withdrawal Form](#) to the Office of Human Resources, Central Leave Administrator.
- 5.3 The Central Leave Administrator along with the Sick Leave Pool Committee will review the documents submitted by the employee and determine the employee's eligibility.
- 5.4 The Central Leave Coordinator sends the employee and his/her Department the proper approval or denial correspondence.
- 5.5 The application process is completed within three (3) to five (5) business days after the Central Leave Administrator receives the completed paperwork from the employee.
- 5.6 The Central Leave Administrator will grant time once the employee has been approved and if the employee is not capable of submitting leave documents the Central Leave Administrator will submit the documents on behalf of the employee.

- 5.7 If the employee is unable to return to work on the specified date on the [Certification of Health Care Provider for Employee's Serious Health Condition](#) **OR** [Certification of Health Care Provider for Family Member's Serious Health Condition](#) previously provided to the Central Leave Administrator the employee will need to provide an additional **updated** [Certification of Health Care Provider for Employee's Serious Health Condition](#) **OR** [Certification of Health Care Provider for Family Member's Serious Health Condition](#) from their treating physician(s). The Sick Leave Pool Committee and the Central Leave Administrator will review the document(s) provided to determine if additional time may be granted from the sick leave pool.

Forms

[Certification of Health Care Provider for Employee's Serious Health Condition](#)

[Certification of Health Care Provider for Family Member's Serious Health Condition](#)

[Sick Leave Pool Form](#)

[Acknowledgement & Sick Leave Pool Withdrawal Form](#)

[Sick Leave Pool Donation Form](#)

Additional Information

[System Regulation 31.06.01- Sick Leave Pool](#)

Contact Office

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