

Acknowledgement Form for Sick Leave Pool

I _____ have received the procedures and paper work for the Sick
(Employee Name)

Leave Pool from _____.
(HR Staff Name)

He/She has explained in detail my rights and responsibilities for applying for the Sick Leave Pool. I am aware that I have to exhaust all of my available leave and I have to meet the 160 hour criteria before I can qualify for the Sick Leave Pool. I understand that it is my responsibility to provide all information requested including the Medical Certification Form specifying illness, diagnosis, prognosis and expected date of recovery before this request will be considered for approval. I also understand that if the request is for an immediate family member, the doctor must complete the Medical Certification form indicating the type of illness and length of care for the immediate family member to be provided by you. After I have been approved for the Sick Leave Pool, I understand that I will have to supply the Office of Human Resources with a monthly update from my physician through the period of my approved sick leave. If I am unable to return to work by the specified date in my Medical Certification form or on my monthly update, I will be responsible for submitting another Medical Certification form providing the reason(s) of absence and a new date of return.

I am also aware that if I have any questions or concerns for the Sick Leave Pool Procedures or guidelines I may contact Ms. Kim Spacek @936-261-1728 or via email at kaspacek@pvamu.edu

Verifications:

- I understand that I must meet the requirements set out in the Sick Leave Pool Policy to be eligible for an award of Sick Leave Pool Time.
- I understand that I must authorize my licensed practitioner to release the information requested on the Licensed Practitioner Statement form, and other necessary information, to the Sick Leave Pool Administrator and those persons who will decide on this application,
- I understand that the decision of the Sick Leave Pool Administration concerning my request for an award of time from the Sick Leave Pool is final.

Employee Name

Date

HR Staff

Date