



PRAIRIE VIEW A&M UNIVERSITY
Office of Human Resources

Sick Leave Pool Withdrawal Request Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and, (3) have the information corrected at no charge. To request this information, contact leaveteam@pvamu.edu or (936) 261-1730.

This form is used by employees to request a withdrawal of sick leave hours from the sick leave pool.

Employee Name: _____ UIN: _____

Department: _____ Mail Stop: _____

Number of hours requested: _____
(Sick leave pool withdrawals should be requested as soon as the need becomes apparent.)

Purpose of Withdrawal:

____ **Catastrophic illness or injury.** I expect to exhaust my sick and vacation leave and compensatory time as of _____ (*time*) on _____ (*date*). I expect to have missed 80 hours of work due to this illness or injury as of _____ (*time*) on _____ (*date*). Attached is a physician's statement stating the nature and expected duration of the illness or injury.

____ Is this request a result of an on-the-job injury? ____ Yes ____ No
(Policy prohibits sick leave pool from being used in conjunction with a workers' compensation claim.)

If requesting time to care for an immediate family member:

Family Member's Name Relationship

Employee Signature Date

Number of hours approved: _____

Comments: _____

Leave Administrator Signature Date

SUBMIT FORM TO:
Leave Services
Harrington Science Bldg. Room 109
Fax: (936) 261-1734
or
Email: leaveteam@pvamu.edu

FOR ASSISTANCE:
Leave Services
(936) 261-1730