



PRAIRIE VIEW A&M UNIVERSITY
Office of Human Resources

Sick Leave Pool Acknowledgement Form

This form is used by employees to acknowledge receipt of the procedures for use of the sick leave pool.

I am aware that I have to exhaust all of my available leave and I have to meet the 80-hour criteria before I can be eligible for the sick leave pool. I understand that it is my responsibility to provide all information requested including the [Certification of Health Care Provider for Employee's Serious Health Condition](#) 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 [Certification of Health Care Provider for Family Member's Serious Health Condition](#) Form indicating the type of illness and length of care to be provided by you for the immediate family member. After I have been approved for the sick leave pool, I understand that I will have to submit to the Office of Human Resources (OHR) 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 Certification of Health Care Provider Form or on my monthly update, I will be responsible for submitting another Certification of Health Care Provider 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 regarding the sick leave pool procedures or guidelines, I may contact the OHR at (936) 261-1730 or via email at leaveteam@pvamu.edu.

Verifications:

- I understand that I must meet the requirements set out in University Administrative Procedure [31.06.01.P0.01 Sick Leave Pool Administration](#) to be eligible for an award of sick leave pool hours.
- I understand that I must authorize my licensed practitioner to release the information requested on the Certification of Health Care Provider Form, and any other necessary information, to the leave administrator.
- I understand that the decision of the leave administrator concerning my request for an award of hours from the sick leave pool is final.

Employee Signature

Date

OHR Staff 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