

# University of Florida Sick Leave Pool Policy



*Protecting you  
when you need it*

Leave Administration  
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# UNIVERSITY OF FLORIDA SICK LEAVE POOL POLICY

## OBJECTIVE AND PURPOSE

To allow participating University employees (Academic Personnel, TEAMS and USPS) to pool sick leave for personal use upon depletion of their individual accrued leave balances.

## AUTHORITY

Chapter 79-306, Laws of Florida, effective June 29, 1979, created Section 110.121 Florida Statutes, authorizing the adoption of Chapter 22K-13 and Chapter 60L-34, Florida Administrative Code.

## POLICY

*All sick leave figures mentioned are intended for full-time employees. For those employees who are part-time, these figures will be determined on a pro-rated basis.*

The University President authorizes the establishment of one Sick Leave Pool, hereinafter known as the Pool, for participating Academic Personnel, TEAMS and USPS employees. Upon depletion of their sick, vacation, personal holiday, and compensatory leave credits, hereinafter known as individual accrued leave balances, and after the approval of the Sick Leave Pool Committee, hereinafter known as the Committee, participating employees may draw upon the Pool for their personal illness, accident or injury. Participation in the Pool is voluntary for any eligible employee. The Pool is for the benefit of eligible participating employees without regard to salary pay plan and/or funding source.

## PROCEDURES

### A. Administration of the Pool

1. The University President or designee shall designate one participant in the Pool from the Office of the Vice President for Human Resource Services as the Sick Leave Pool Administrator, hereinafter known as the Administrator. The Administrator will manage USPS and TEAMS participants (hereinafter known as Staff) and Academic Personnel participants.
2. The President or designee will appoint three members of the Pool from each University employee group (i.e. **Academic Personnel, Staff Exempt and Staff**

**Non-exempt**) to the Committee. The appointees will serve a three-year term (the first year as an alternate committee member) ending September 30. One member from each group (**Academic Personnel, Staff Exempt and Staff Non-exempt**) will rotate off the Committee on an annual basis-at the end of the term (September 30). One University physician also will be appointed as a voting member of the Committee and will serve as the Chair of the committee. One additional University physician will be appointed as an alternate on the Committee and will serve in the same capacity as the regular physician appointment.

3. University-wide nominations of employees to serve on the Committee will be accepted annually by the Administrator.
4. In the event any member of the Committee resigns, is no longer eligible for participation in the Pool, or is unable to serve for any other reason as determined by a majority vote of the Committee, the University President or designee will be asked to appoint a replacement Committee member from the same employee group as the person being replaced. The new appointee will serve the balance of the term of the person being replaced. As with the other Committee members, all replacement appointees shall be participants in the Pool. If a Committee member changes his or her employee group, it is the responsibility of the committee member to notify the Administrator of the change. Likewise, should the Administrator be unable to continue in his or her role, the President or designee will be asked to appoint a replacement from the Office of the Vice President for Human Resource Services.
5. The Chair and/or the Administrator working along with the Chair will contact Committee members who do not attend Committee meetings on a regular basis. Subsequent action concerning the committee member's continued participation on the Committee will be at the discretion of the Chair.
6. The Administrator serves as a resource to the Committee; does not have voting privileges; shall act as a liaison for the committee; shall have access to participating employees' leave records and to other employee information necessary to administer and maintain the Pool; and shall maintain accurate, complete, and reliable records relative to all functions of the Pool.
7. The Committee has established internal procedures to include, but not be limited to the following:
  - a) The enrollment of participating employees (See B. Membership in the Pool, page 5).
  - b) Criteria for evaluating applications for membership:
    1. Must be appointed as a University employee to a full- or part-time Academic Personnel, TEAMS, or USPS position.

2. Must have a minimum accrued sick leave balance of 64 hours, which must be reflected in the UF's leave system at the time the request is received by the Committee.
  3. Must apply for membership during the designated annual open enrollment period
  4. Employees who transfer to the University in accordance with UF Regulation, 6C1-1.201. may apply for membership to the Pool during the first 30 days of their employment at the University.
- c) Application for use of sick leave credits from the Pool (See Appendix).
  - d) The criteria for evaluating requests to draw sick leave from the Pool as outlined in paragraph D. "Use of the Pool" (see page 8).
  - e) The establishment of policies and procedures for Committee quorum and removal of Committee members.
  - f) The forms required for the efficient and effective administration of the Pool (See Appendix).
8. Modification of this policy must be agreed to by a majority of the votes cast by members of the Committee.
    - a) Modification(s) may be proposed by any participating committee member at any meeting of the Committee.
    - b) Modification(s) to this policy must be submitted to the President or designee for approval prior to notifying members of the Pool.
    - c) All members will be notified of the modification at least 14 calendar days prior to the effective date. Notification will include a summary of the change and the reason(s) for the change.
  9. A Committee quorum will consist of at least one member from each of the University employee groups plus the chair or the alternate chair. Alternate members may attend the meetings, but they will not have voting privileges, except in the absence of a regular Committee member. In the event of a tie, the vote that has been cast by the Chair of the Committee will determine the outcome.
  10. Applicants to the Pool should provide early notice to the Committee when requesting to withdraw Pool credits. The Committee recommends that applicants apply at least ten workdays before their leave credits are depleted. The Administrator is available to assist the applicant by reviewing the employee's leave

record.

11. All Pool records maintained by the Administrator, not otherwise protected by Chapter 119 F.S., shall be open to inspection at a time and place convenient to the Administrator.
12. The Administrator may reject, in writing, applications that do not meet the established criteria as outlined in paragraph A.7.b)1-4. The Administrator is responsible for keeping the Chair of the Committee informed of all rejections.
13. The Administrator is responsible for reporting all rejections at each scheduled Committee meeting.
14. The Administrator shall make an annual report to the Committee.
15. In the execution of the duties and responsibilities defined in this policy or in the internal procedures of the Committee, the Committee shall show responsible judgment and will act in the best interests of the majority of the employees who participate in the Pool. The physician appointed to the Committee may contact other licensed medical practitioners in order to thoroughly evaluate requests to the Committee. Any member of the Committee who applies to use leave credits from the Pool shall not vote on his/her own request.
16. Should any applicants to the Pool have their membership denied, should any participating employees have their request to draw sick leave credits from the Pool denied, or if any action is taken under section D. 13. (see page 10), such applicants or members shall have the right of appeal.
  - a) Appellants may forward a written appeal to the Administrator within five workdays of receipt of notification of denial, citing specific reasons why the denial should be reversed.
  - b) Within ten workdays of receipt of an appeal, the Committee shall reevaluate the original application or request, the reasons for the appeal, and any other pertinent information that may be available. The Committee will render a decision within a reasonable period of time.
  - c.) If the appeal is denied by the Committee, the appellant may appeal to the Sick Leave Pool Appeals Board within five workdays of receipt of the appeal denial.
  - d) The Sick Leave Pool Appeals Board--including the Provost and the Vice President or their designees--from each area of campus, and the VP of the Office of the Vice President for Human Resource Services--shall have ten workdays to arrange a meeting of the Board to review the appeal. The Provost, Vice Presidents--or their designees--and the VP for Human Resource Services should not be members of the Committee. The

Administrator shall coordinate the arrangements for the appeal review and shall keep the appellant informed regarding the status.

- e) The Administrator and the appellant shall provide the Appeals Board with all available information regarding the appeal, and each should be present or otherwise represented at the appeal hearing.
- f) The Appeals Board shall make every attempt to render its decision within five workdays of the first meeting held to hear the appeal.
  - 1. The Appeals Board shall either uphold or deny the appeal as presented.
  - 2. The decision of the Appeals Board shall be final and binding on both the Committee and the appellant. No other appeal is available through this policy or the internal procedures of the Committee, or through any other grievance or appeal process.
- g) An extension of a deadline relating to the appeals process may be granted in five workday increments by consent of the appellant, the Administrator, and the Appeals Board.
- h) Any participating employee may designate someone to enter the appeal if the employee is unable to act on his/her own behalf. Designation should be in writing and should be submitted to the Administrator prior to the Appeals Board meeting.

- 16. The University of Florida's Employee Benefits Committee will evaluate the Pool on an annual basis and make a recommendation to the President or designee to continue or terminate the Pool.

#### B. Membership in the Pool

- 1. Eligibility is extended to any University employee in a benefits-eligible position (Academic Personnel, TEAMS, and USPS), provided that the employee has at least 64 hours of accrued personal sick leave.
- 2. Each eligible employee who wishes to participate in the Pool must apply, using the appropriate application for membership, to the pool Administrator. The applicant's request must either be accepted or rejected within 30 calendar days from the end of the appropriate enrollment period. No employee shall be unreasonably denied membership in the Pool. The eligibility requirement of a minimum of 64 hours of personal accrued sick leave will apply to the applicant at the time the request is received by the Committee and not at the time of the Committee's final action on the request. University employees who have their applications for membership rejected may reapply during the next annual open

enrollment period if such employees are eligible during said enrollment period.

3. Employees may apply for membership in the Pool during the annual open enrollment period. Employees who transfer to UF in accordance with UF Regulation, 6C1-1.201, may apply for membership in the Pool during the first 30 calendar days of employment at the University.
4. The Pool is considered to be an employee benefit for University employees. Thus, it shall be the responsibility of the employee to determine the time that he or she may become eligible for membership in the Pool and for submitting the application for membership in a timely manner.
5. The Committee has designated October 1 through October 31 of each fiscal year to be the open enrollment period.
6. Each participating employee shall contribute eight hours of sick leave at the time the application to participate is accepted by the Committee. Eight hours, deducted from the employee's sick leave account as maintained by Leave Administration in the Office of the Vice President for Human Resource Services, will be added to the total sick leave hours in the Pool account as maintained by the Administrator.
7. Each participating employee shall contribute eight hours of sick leave at the time the Pool is depleted as defined in section C. (see page 7).
8. Membership in the Pool will be terminated as follows:
  - a) Participating employees may cancel their membership in the Pool at any time by notifying the Administrator in writing. Such notice shall include the effective date for the cancellation of membership.
  - c) Participating employees who retire, transfer, resign or are terminated from University employment shall be terminated from the Pool, effective on the date of the personnel action.
  - d) Any sick leave hours owed to the Pool by any participating employee who is terminated from the Pool shall be transferred from the individual sick leave account as maintained by Leave Administration in the Office of the Vice President for Human Resource Services to the Pool if such hours are accrued and available.

#### C. Maintenance of the Pool

1. The total credits available in the Pool must include 2000 hours in reserve. Upon depletion to an unacceptable level, the Committee will make an additional assessment of the Pool and will submit a recommendation to either terminate or replenish the Pool. The recommendation must be approved by the President or designee before any further action is taken by the Committee.

- a) If the President or designee approves a recommendation to replenish the Pool, the Pool members will be notified that eight hours will be deducted from their accrued sick leave balance unless they inform the Administrator, in writing, within ten workdays of the date of notice, of their intention to discontinue membership.
  - b) The Pool cannot be replenished more than two times in any fiscal year.
  - c) If the participating employee's individual sick leave account as maintained by the Leave Administration in the Office of the Vice President for Human Resource Services is less than eight hours at the time the Pool is depleted, the Administrator shall deduct all accumulated sick leave hours at that time and the remainder of the eight hours as additional sick leave hours are accrued by the employee. The employee shall not be allowed to use his or her individual sick leave hours until the amount owed to the Pool has been contributed.
  - d) The inability of a participating employee to contribute eight hours of sick leave to the Pool at the time the Pool is depleted shall not normally exclude the employee from continued membership in the Pool. If a participating employee repeatedly fails to have a sufficient balance in his or her individual sick leave account when requested to contribute eight hours to the Pool, the reasons for the use of sick leave credits by the employee shall be investigated by the Committee to determine whether the employee's membership in the Pool should be canceled. The decision for such cancellation shall be by majority vote of the Committee.
2. A participating employee shall not be allowed to make any contribution of unused or unpaid sick leave from his or her individual sick leave account at the time of retirement or termination from University employment. He or she also may not make any contribution at any time which would be greater than the amount contributed by all other participating employees.
  3. Participating employees may not apply any condition or restrictions on any sick leave hours they may contribute to the Pool. All sick leave hours in the Pool will be disbursed by action of the Committee.
  4. Any sick leave contributed to the Pool by a participating employee will remain in the Pool after initial membership regardless of employee's status, including cancellation of membership, retirement, termination from state employment, or termination from the University.

#### D. Use of the Pool

1. Participation in the Pool does not guarantee hours may be withdrawn from the Pool. All hours will be disbursed by action of the Committee or, if denied, by action of the Appeals Board.
2. The inability of the participating employee to return to work due to a personal catastrophic illness or injury shall normally be the basis for granting sick leave hours from the Pool. Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which has resulted in a life-threatening condition and/or has had a major impact on life-functions. Such life-functions shall include, but are not limited to, the loss of physical senses, the loss of physiological processes or the loss of limb. The University physician appointed to the Committee will be responsible for providing a medical opinion regarding the participating employee's medical condition. The University physician also may consult as necessary with other acceptable medical practitioners prior to rendering an opinion. The Chair of the Committee (University physician) will be responsible for maintaining confidentiality with regard to an applicant's medical condition.
3. Sick leave hours from the Pool shall be granted only for the employee's personal illness, injury, accident, or exposure to a contagious disease which would endanger others. Personal illness shall include disabilities which are the result of or are contributed to by pregnancy, miscarriage, childbirth, and the recovery therefrom.
4. Participating employees who have depleted all their individual accrued leave balances may request sick leave credits from the Pool.
  - a) All requests for sick leave credits shall be forwarded to the Administrator.
  - b) A maximum of 160 hours or 20 workdays of Pool credits may be granted to a full-time employee for any one request of a full-time employee. Hours granted will be prorated based on the employee's FTE.
  - c) A participating employee may withdraw up to 480 hours (60 workdays) from the Pool during any fiscal year.
  - d) A participating employee who withdraws sick leave hours from the Pool shall not be required to replace those hours except as a regular participating member.
  - e) Participating employees may designate, in writing, power of attorney or the name of a representative to request sick leave hours from the Pool on their behalf.

5. Participating employees, or their designees, must certify that the reason for requesting hours from the sick leave pool is justified as provided for in paragraphs D.2. and 3. above.
6. The Committee shall evaluate requests for sick leave from the Pool based on the following:
  - a) Verification that the request is from a member of the Pool.
  - b) Verification that the employee's individual accrued leave balances have been depleted or shall otherwise be depleted during the required sick leave for the employee.
  - c) An evaluation of the use of the employee's individual sick leave account to determine whether there has been excessive use of sick leave for other than personal illness, accident or injury.
  - d) Verification that the request will not cause the participating employee to exceed the maximum number of sick leave hours from the Pool allowed each fiscal year.
  - e) An evaluation of the type of illness, accident, or injury that is the basis for the request. The evaluation shall be based on a review of information from the application requesting sick leave pool hours, the accompanying medical/psychological documentation from licensed healthcare providers(s) and other relevant medical/psychological information from licensed healthcare providers(s).
7. In the event the committee determines the information submitted is unclear or insufficient for review, the request for sick leave hours from the Pool may be tabled and additional medical information requested. The employee will be notified of such action and advised to forward requested information to the Administrator within 30 calendar days of receipt of the notification.
8. Verification of illness and corresponding leave shall be required from an appropriate licensed medical practitioner. The Committee may contact other licensed medical practitioners in order to evaluate thoroughly requests to the Committee.
9. Participating employees who are on job-connected disability leave as defined in the UF Regulations and applicable collective bargaining agreements, may request sick leave hours from the Pool within the limits established by these rules or agreements and this policy.
10. Employees who are receiving a workers' compensation benefit also may request sick leave pool hours from the pool within the limits established by these rules or agreements and this policy. Any hours granted will be prorated so as not to exceed

20 days of combined sick leave pool and workers' compensation coverage for any one request.

11. Pool payments shall be coordinated with any and all disability insurance benefits the employee may accrue. An employee's total compensation may not exceed his or her current salary after all benefits from all applicable programs are applied.
12. At the time a participating employee who has been granted sick leave hours from the Pool has been certified as able to return to work or otherwise assigned work-related duties, the payment of Sick Leave Pool hours shall cease, and all unused sick leave hours will be returned to the Pool. If the employee is paid for sick leave hours from the Pool after he or she has been certified or otherwise declared able to perform his or her assigned duties, the employee shall repay all such hours to the Pool from his or her individual sick leave account. The employee shall not be allowed to use his or her sick leave hours until the amount owed to the Pool has been repaid.
13. It shall be the responsibility of participating employees who have been granted sick leave credits to inform the Administrator at such time as they may be certified as able to return to work or otherwise assigned work-related duties or at such time as they may have returned to work. Participating employees also are responsible for notifying the Administrator of any FTE changes that will affect leave accrual. Such notification to the Administrator shall be made in writing within five workdays of the occurrence.
14. The effective date for any sick leave hours granted from the Pool shall be the date identified by acceptable medical documentation as the beginning of the catastrophic condition or the date the employee's individual leave balances are depleted, whichever occurs last.
15. Willful falsification of leave records shall be investigated by the Administrator. If the Committee deems it warranted, the participating employee shall repay all sick leave credits drawn from the Pool and may have his or her membership canceled by a majority vote of the Committee. In addition, the employee may be subject to disciplinary action in accordance with the University Regulations.
16. Alleged abuse of the use of the sick leave pool shall be investigated. The Committee will refer any information or allegations to the Office of the Vice President for Human Resource Services. On a finding of wrongdoing the employee shall repay all of the sick leave credits drawn from the pool and may be subject to disciplinary action in accordance with the University Regulations.



# Sick Leave Pool

## at the University of Florida

### What would you do?

What would you do if you became catastrophically injured or ill and had to use all of your sick, vacation, and compensatory leave? If you participated in the University of Florida's sick leave pool, you could have access to additional sick leave--sick leave that would protect you when you needed it!

The University of Florida's sick leave pool allows participating employees to combine a portion of their individually accrued sick leave for collective use.

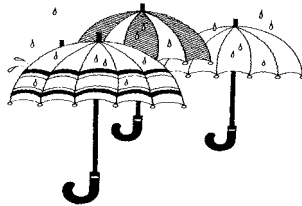
As a member of the sick leave pool, you would be able to draw upon the pool--after approval from the sick leave pool committee--in instances where you used all of your sick, vacation, and compensatory leave hours (if applicable) because of personal, not family, catastrophic injury or illness. (Personal catastrophic illness includes disabilities associated with pregnancy.)

### What is catastrophic injury or illness?

Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which has resulted in a life-threatening condition and/or has had a major impact on life-functions. Such life-functions include, but are not limited to, loss of physical senses,

loss of physiological processes, or loss of a limb.

Examples of the types of injuries or illnesses which have resulted in employees being granted pool hours include surgery to remove a kidney, to remove a lung, and for emergency cardiac surgery. In addition, pool hours have been granted for the amputation of a limb and for transplant surgery. All requests to withdraw hours from the pool are evaluated on a case-by-case basis.



Are you eligible to participate?

You are eligible to participate in the sick leave pool if:

- You are appointed in a Academic Personnel, TEAMS, or USPS position.
- You have a minimum of 64 hours of sick leave on balance.\*

All eligible employees may enroll in the pool during the annual open enrollment period held each October.

\*All figures mentioned are for full-time employees. If you are a part-time employee, your figures will be pro-rated. Call the sick leave pool administrator for details.

### How do you apply for membership?

If you wish to participate in the pool, please complete, detach, and return the attached application to the sick leave pool administrator:

**Sick Leave Pool Administrator**  
Office of Human Resource Services  
PO Box 115001  
903 W. University Ave.  
Gainesville, FL 32611-5001  
392-5732, SC 622-5732  
Fax 846-3058  
TDD 1-800-955-8771

**To apply for membership, you must submit this application during the annual open enrollment period held each October**

You will be notified within 30 days after the close of the appropriate enrollment period if you have been accepted into the pool.



**How are contributions made to the pool?**

If your application is approved, you will contribute eight hours of your sick leave to the sick leave pool, which will be deducted from your sick leave account automatically.

You may be asked to contribute another eight hours of sick leave if the total available in the pool ever drops to an unacceptable level. However, you cannot be asked to contribute more than two times in any fiscal year.

### **How do you use the pool?**

Any use of the sick leave pool must be approved by the sick leave pool committee--a committee composed of two University of Florida physicians, three academic personnel members, three exempt staff members, and three non-exempt staff members. In addition, one sick leave pool administrator for Academic Personnel, TEAMS and USPS employees facilitates the committee's activities, the processing of applications, and requests for use of the pool.

When you make a request to withdraw hours from the sick leave pool--and you do so by forwarding your request to the sick leave pool administrator--the committee will review and approve or disapprove your request.

Your participation in the pool will not guarantee that you may withdraw hours from the pool; however, if your sick leave

request is approved, you may be granted a maximum of 160 hours (20 workdays) from the pool for any one request--up to 480 hours (60 workdays) during any fiscal year. Pool benefits are coordinated with any and all disability insurance benefits an employee may be receiving (such as workers' compensation), and an employee may not receive more than his or her current salary after all benefits are applied.

These hours will be awarded in lump sum amounts. You will not be asked to replace any hours used from these awarded amounts; however, any hours not used because of your return to employment, termination, etc., must be given back to the pool.

Any hours that need to be returned will be transferred from your individual sick leave account.



### **What happens if the committee denies your request to withdraw sick leave from the pool?**

If the committee denies your request to withdraw sick leave from the pool, you may appeal that decision first to the committee and then to the sick leave pool appeals board. The appeals board is composed of the provost and vice presidents from each area of campus--or their designees--as well as the Vice President for Human Resource Services. The appeals board's decision about your request will be final.

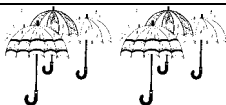
### **How do you cancel your membership?**

You may cancel your membership in the sick leave pool at any time by notifying the sick leave pool administrator *in writing*. Any hours you have contributed will remain in the pool.

If you retire, transfer, resign, or are terminated from University of Florida employment, you also will be terminated from the pool, effective on the date of the personnel action. The hours you have contributed to the pool will remain in the pool to meet future demands on the pool.

**Still have questions?** Please call the sick leave pool administrator listed on page one.

Revised 03/08



## **University of Florida's Sick Leave Pool APPLICATION FOR MEMBERSHIP**



**I am formally requesting membership in the University of Florida's sick leave pool. I understand that:**

1. Upon acceptance for initial membership, eight hours of leave\* will be deducted from my sick leave balance. I may be asked to contribute another 8 hours of leave if the pool balance ever is reduced to 2000 hours; however, I will not be asked to contribute more than 16 hours (in 8-hour increments) per fiscal year.\* Further, I understand this additional deduction will occur unless I inform the administrator, in writing, within ten workdays of the date I am notified of the need for additional deduction, of my wish to discontinue membership.
2. A maximum of 160 hours or 20 days\* of pool hours may be granted to me for any one request if I become catastrophically ill or injured and have exhausted all of my sick, vacation, and compensatory leave (as applicable). My request for sick leave pool hours must be made in writing to the sick leave pool administrator by my representative or me each month that I am ill. I understand that I may request up to 480 hours\* from the University of Florida's sick leave pool per fiscal year.
3. Pool payments will be coordinated with any and all disability insurance benefits I may accrue, and I will not receive more than my current salary after all benefits from applicable programs are applied.
4. I must provide proper verification as required by the University of Florida's sick leave pool committee before I will be granted sick leave benefits. I further understand that while every reasonable effort is made to protect confidentiality, the sick leave pool committee is subject to the Florida Government in the Sunshine Law. As a result, confidentiality of information provided to the committee cannot be guaranteed.
5. I have the right to appeal the sick leave pool committee's decision to deny my request for sick leave hours to the appeals board. I understand that the appeals board's decision will be final and binding.
6. My participation in the pool is at all times voluntary, and I may request in writing, at any time, that my membership be canceled. I understand that any hours I have contributed will remain in the pool upon cancellation of membership or termination of employment.
7. I acknowledge the granting of sick leave pool hours in no way limits the University's rights to proceed with any employment or disciplinary action. Should I transfer, retire, resign or be terminated from University of Florida employment, I understand I will be terminated from the sick leave pool on the date of the personnel action, and any unused hours will be returned to the pool, and that I will not receive any payment for unused hours.

**Please complete the following--Please print:**

Last Name:	First:	M.I.:
UFID Number:	Date of Hire:	FTE:
Campus Address: Dept	ID# & Name:	
Phone Number/At Work: A	t Home:	

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the sick leave pool administrator. Your application is:**

\_\_\_\_\_ Approved. I certify that, as of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, the above individual has \_\_\_\_\_ hours of sick leave and that \_\_\_\_\_ sick leave hours have been deducted from his or her balance and contributed to the University of Florida's sick leave pool.

\_\_\_\_\_ Disapproved. Your application is disapproved because: \_\_\_\_\_

**Sick Leave Pool Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*These figures pertain to full-time employees. Figures for part-time employees will be authorized on a pro-rated basis.

**PLEASE DETACH AND RETURN TO YOUR SICK LEAVE POOL ADMINISTRATOR!**

# APPLICATION TO USE SICK LEAVE POOL CREDITS

**PLEASE PRINT OR TYPE:**

**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**UFID:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Name of Applicant's Designee (if applicable):** \_\_\_\_\_

**Designee's Phone Number:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Length of Time Requested:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Number of Hours Requested:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_

**Is there any disability insurance benefit covering this illness?** Yes  No

**If yes, please provide name of insurance provider:** \_\_\_\_\_

**Type of coverage:** \_\_\_\_\_

**Amount of coverage:** \_\_\_\_\_ **Effective date:** \_\_\_\_\_

I certify the information provided above is complete and true to the best of my knowledge. I understand that sick leave pool hours are granted only for personal catastrophic illnesses or injuries. Catastrophic illness or injury, as defined by the pool, is a severe condition or combination of conditions affecting the mental or physical health of an employee, which has resulted in a life-threatening condition or has had a major impact on life-functions. I further understand that if the diagnosis of my medical condition as described by my licensed medical practitioner changes, and as a result, my condition no longer meets the criteria for a catastrophic illness or injury, I may be required to submit updated medical certification and/or return to the pool any sick leave pool hours already granted. I also acknowledge that the granting of sick leave pool hours in no way limits the university's rights to proceed with any employment or disciplinary action. Should I retire, transfer, resign or be terminated from University of Florida employment, I understand that I will be terminated from the sick leave pool effective on the date of the personnel action. Any unused pool hours I may still have on that date will be returned to the pool.

\_\_\_\_\_  
**Printed Name of Applicant/Designee**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name of Immediate Supervisor**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name of Dean, Director, Department Chair**

\_\_\_\_\_  
**Signature** **Date**

# Certification of Medical Condition

Application to Use Sick Leave Pool Credits

## STATEMENT FROM EMPLOYEE TO LICENSED MEDICAL PRACTITIONER

I am making application for sick leave to the University of Florida Sick Leave Pool because of my illness or injury. I authorize any licensed medical practitioner who examines me to release the information from the examination report and any other pertinent facts concerning my condition to appropriate University of Florida Sick Leave Pool representatives or physicians.

\_\_\_\_\_  
Signature of Patient/Designated Representative

\_\_\_\_\_  
Date

Name of Patient: \_\_\_\_\_

UFID #: \_\_\_\_\_

### Instructions for the Licensed Medical Practitioner

The University of Florida Sick Leave Pool grants sick leave hours for catastrophic illnesses or injuries—catastrophic illness or injury, as defined by the pool, is a severe condition or combination of conditions affecting the mental or physical health of an employee that has resulted in a life-threatening condition or has had a major impact on life-functions. Your patient, listed above, has applied to the Sick Leave Pool for benefits. A committee of university employees will review his/her application to determine if the request meets the definition of catastrophic illness or injury. This Certification of Medical Condition is crucial in making that determination. Your careful response to each question below would be greatly appreciated.

Licensed Medical Practitioner's Name: \_\_\_\_\_

Name of Medical Practice (if appropriate): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Date you first examined patient for this condition: \_\_\_\_\_

Please provide information about the nature of the illness or injury, a recap of all relevant medical history, the type of treatment prescribed, and a prognosis for recovery and ability to return to work (or attach applicable notes): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Patient: \_\_\_\_\_

UFID #: \_\_\_\_\_

How does the patient's condition qualify as catastrophic (as defined above)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state specific medical restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated date patient will be able to return to work: Limited Duty: \_\_\_\_\_ Full duty: \_\_\_\_\_

\_\_\_\_\_  
Licensed Medical Practitioner's Signature

\_\_\_\_\_  
Date

Rev. 01/04

## University of Florida's Sick Leave Pool Appeal

### STATEMENT OF APPEAL BY EMPLOYEE TO APPEALS BOARD

**EMPLOYEE'S NAME:** \_\_\_\_\_

*(Note: Your name and signatures on this form are solely for the benefit of the Sick Leave Pool administrator responsible for coordinating your appeal to the Pool Appeals Board. The Appeals Board will be provided with all relevant information regarding your request for withdrawal of pool credits; however, your name will be removed from the records so that your identity remains anonymous.)*

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize the release of any and all medical documentation provided by my health care practitioners to the members of the Sick Leave Pool Appeals Board. I understand that the medical documentation will be reviewed only by those University employees involved in the Sick Leave Pool appeals process and that the information will be used solely for the purpose of evaluating my appeal for withdrawal of Sick Leave Pool hours.

\_\_\_\_\_  
Employee's signature      Date

#### AUTHORIZATION FOR REVIEW OF PERSONNEL FILE

I authorize the Sick Leave Pool Appeals Board to review my personnel file. I understand that the information reviewed will be solely for the purpose of evaluating my appeal for withdrawal of Sick Leave Pool hours.

\_\_\_\_\_  
Employee's signature      Date

#### STATEMENT OF APPEAL

Please provide specific reasons why the denial of your request by the University of Florida's Sick Leave Pool Committee should be reversed. Feel free to attach additional documentation as appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's signature      Date

Please return the appeal form and other pertinent information to the Sick Leave Pool Administrator.