SICK LEAVE POOL REQUEST

To: _____ Date: _____
(Supervisor)

From: _____
(Agency Member)

_____ _____
Home Phone Work Phone

I respectfully request _____ hours from the Sick Leave Pool. I have read and understand the General Operations Manual, Chapter 9, Section 13 regarding the Sick Leave Pool. I meet all the eligibility requirements per Chapter 9, Section 13-a outlined below:

Full time member of MCSO
Completed 1 full year of appointment
Sick leave balance must be 48 hours or greater
Contributed 8 hours to the Sick Pool

I have attached documentation to substantiate the request, and understand that a telephone conference may be required. I understand and allow all supporting documentation (including medical records) to be reviewed by the sick leave pool committee.

Employee Signature:_____ Date: _____

To: Sick Leave Pool Committee Date: _____

From: _____
(Supervisor)

RE: _____
(Agency Member)

I recommend ___ do not recommend ____ approval for use of the Sick Leave Pool.
If not recommended please indicate reason:
_____
_____

FOR BOARD USE ONLY

Date received: _____

Action:				
_____	_____	_____	_____	
Human Resources Director	Date	Approved	Denied	
_____	_____	_____	_____	
Inspector General	Date	Approved	Denied	
_____	_____	_____	_____	
Finance Director	Date	Approved	Denied	

Reason for Denial: _____