



USPS SICK LEAVE POOL REQUEST FORM

Instructions: This form must be submitted to Human Resources with a completed UCF Medical Certification Form.

Name _____
(Last) (First) MI

Position Title: _____ Department _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____ Empl ID _____

Reason for Request: _____

Expected Dates of Absence: From _____ To _____

Expected Dates of Leave without Pay: From _____ To _____

I have attached a UCF Medical Certification Form signed by my doctor. I understand that the medical certification Form will be reviewed by the USPS Sick Leave Pool Committee for the expressed purpose of determining eligibility for sick leave pool hours.

I understand that the number of hours a member can withdraw from the pool is determined by the employee's highest personal sick leave balance during the twelve (12) month period immediately preceding his/her request. Beginning with the date the pool is first used, an employee will be eligible to use one day from the pool for each day of personal sick leave accrual up to a maximum of 480 hours. An employee whose highest sick leave balance is less than 120 hours shall be able to use a maximum of 120 hours from the pool.

If I am granted hours from the USPS Sick Leave Pool, it is my understanding that I must return unused hours to the USPS pool. I must notify Human Resources of the hours that I will be returning to the pool. I also understand that I must use all accrued overtime comp., annual, and sick leave hours before using sick leave pool hours. A copy of my Leave and Pay Exception Report must be forwarded to Human Resources each pay period sick leave pool hours are used. Should I use all of the hours granted to me from the pool, I understand that my membership will automatically terminate. To re-enroll in the sick leave pool I am subject to the initial enrollment requirements for membership.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____