

COMPENSATION AND BENEFITS  
LEAVES AND ABSENCE

DEC  
(EXHIBIT)C

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT SICK LEAVE POOL REQUEST

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employee Number \_\_\_\_\_ Date of Employment \_\_\_\_\_

Campus/Department \_\_\_\_\_ Position \_\_\_\_\_

I have used or anticipate using all of my available accumulated leave days, including local sick leave days, state leave days, vacation days, and compensatory time. I am requesting sick leave days because of:

\_\_\_\_\_ Personal illness

\_\_\_\_\_ Illness of a member of my immediate family

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number of days requested from the Pool (maximum 30): \_\_\_\_\_

Date on which sick leave days should begin: \_\_\_\_\_

Please describe the nature of the illness for which the days are requested. Use additional paper, if necessary. \_\_\_\_\_

A physician's letter is required documentation for this request. I authorize any physician or other health care provider to provide any records requested to the ECISD Sick Leave Pool Board of Directors. I also authorize the ECISD Sick Leave Pool Board of Directors, its agents and employees, to review any of my personnel records it deems appropriate in considering this request.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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The contents of this request shall remain confidential within the ECISD Sick Leave Pool Board of Directors or its designated representatives.

The SLP Board shall offer the staff at the applicant's campus or department the opportunity to contribute a day of local sick leave. In the event that the campus or department is not large enough to support the request for extra sick leave days, or when an insufficient number of days are contributed, other campuses and departments may make contributions.

For use by the ECISD Sick Leave Pool Board of Directors:

\_\_\_\_\_ Approved for \_\_\_\_\_ days \_\_\_\_\_ Not approved

\_\_\_\_\_ Other \_\_\_\_\_

Signature of Human Resources designee \_\_\_\_\_ Date \_\_\_\_\_