

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

SICK LEAVE POOL REQUEST

The University of Texas Health Science Center at San Antonio has a Catastrophic Sick Leave Pool to provide a potential source of additional sick leave for those employees who have experienced a catastrophic life threatening illness or injury. "Catastrophic illness or injury" means a severe life threatening condition or combination of applicable conditions affecting the physical or mental health of an employee or a member of the employee's immediate family and:

- Requires the services of a licensed physician
- Is diagnosed as severe, life threatening and prolonged
- Causes the employee to lose or expect to lose compensation for an extended period
- Causes the employee to exhaust all accrued vacation and sick leave

EMPLOYEE (Please Print)

Name: _____ HSC Badge #: _____
Last First MI

Home Address: _____ City/State/Zip: _____
Home Phone: _____ Department: _____

Describe Your Illness or Injury: _____

Date When Illness Began or Injury Occurred: _____ If an injury, did this occur on the job? Yes No

Indicate Number of Working Days Used Due to This Illness or Injury. List Dates and Hours Used

Are You Currently Working at Your Job or any Other Job? Yes No If Yes, Please Explain.

Amount of Working Days or Hours Requested: _____

Employee Signature: _____ Date: _____

NOTE: COPY OF ATTENDING PHYSICIAN STATEMENT SHOULD BE ATTACHED TO THIS FORM.

DEPARTMENT

Has All Paid Leave Been Exhausted Yes No
Date on Which All Leave Will Be Exhausted: _____ Percent Time: _____

Signature of Department Representative: _____ Date: _____

*Return this form to the Office of Human Resources, UT Health Science Center at San Antonio
Mail Code 7972, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900*

FOR HUMAN RESOURCE OFFICE USE ONLY

Approved
 Denied
Signature: _____ Date: _____
Amount of Hours Approved: _____
Reason: _____