NEW COLLEGE OF FLORIDA SICK LEAVE POOL
REQUEST TO USE HOURS

The intent of the NCF Sick Leave Pool is to help a member who experiences a short-term serious personal disability, illness or injury and who exhausts all personal leave balances, to remain in full pay status for the period of time defined by the Pool procedures.

Employee Name ________________________ SS# ____________________

Home Address ____

City ______________________________________ State _______ Zip _______

Home Phone (__) __________ Campus Address ________ Ext._______ FTE ______

# of Hours Needed ________ (up to 240) for period from _______ to _______________

I have used 40 hours of my own leave towards this illness/injury and my accrued leave (annual, sick, compensatory and personal holiday) will be depleted as of _______ and the requested hours are needed for my serious injury/illness. I understand that the period of time that I have requested for this medical leave of absence counts towards my entitlement as outlined under the Family Medical Leave Act.

Employee's Signature ______________________________ Date _____________

I have approved a medical leave of absence for the above referenced employee due to the physician's medical assessment and have verified that the information provided on this form and on all time sheets and leave records is correct. To the best of my knowledge, the employee will have used ____ number of leave hours towards this illness/injury once all leave is depleted. I understand that I am not to certify for payment hours from the sick leave pool until authorization is received from the Administrator of the Sick Leave Pool. I have notified the employee that this medical leave of absence is being counted toward his/her entitlement as outlined under the Family Medical Leave Act.

Supervisor's Name (print):__________________ Campus Address:__________________

____________________________________ ______________________________

Supervisor's Signature Campus Extension Date