



LSCC SICK LEAVE POOL REQUEST FORM

INSTRUCTIONS

This form must be submitted to the Benefits Office and include a physician's statement written on letterhead documenting the illness or injury. The physician's statement must include an expected date of return to work.

A participating employee must first exhaust all personally accrued sick leave days prior to requesting Sick Leave Pool days. A participating employee may request and use a maximum of 30 Sick Leave Pool days in any 12-month period.

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

Job Title: _____ Department: _____

Supervisor: _____

Home Address: _____

Home Telephone: _____ Expected Dates of Absence: _____ to _____

Please describe the circumstances which qualify you to receive sick leave from the Sick Leave Pool:

Employee Signature

Date