



# REQUEST TO USE SICK POOL HOURS

You must submit this request to Human Resources Department for approval.

**Fax:** 904.209.2414      **Email:** bccbenefits@sjcfl.us

**EMPLOYEE REQUEST**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

First date out: \_\_\_\_\_ Expected return to work date: \_\_\_\_\_

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must exhaust all of my accrued sick and vacation time before I am eligible to use time from the Sick Pool.

I understand that this request will not be approved without provider certification unless I am already on approved FMLA. If not on approved FMLA, I must submit provider certification with this form.

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

**For Use by Human Resources Department Only**

- Member of Sick Pool in good standing
- Member's accrued sick and vacation leave depleted as of pay date: \_\_\_\_\_
- Member has been on leave for a minimum of 5 continuous workdays
- Member has been on leave due to pregnancy, illness, accident or injury of self
- Member has not been on leave related to Workers' Compensation
- Member is on approved FMLA or has submitted provider certification

Additional comments or notes:

\_\_\_\_\_  
 Approved | Department notified on:  
 Rejected | Employee notified on:

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_