



**FLORIDA POLYTECHNIC
UNIVERSITY**

Florida Polytechnic University's Sick Leave Pool FPU-6.006

APPLICATION FOR MEMBERSHIP IN THE SICK LEAVE POOL DATES FOR APPLICATIONS AND CONTRIBUTIONS TO COINCIDE WITH ANNUAL OPEN ENROLLMENT DATES

I am formally requesting membership in Florida Polytechnic University's Sick Leave Pool. By submitting my application, I am certifying that I understand and agree to the following as permitted in the University's regulation FPU-6.006 Sick Leave Pool:

1. A Budgeted Employee (non-OPS) shall be eligible for participation in the sick leave pool after one (1) year of employment with the University, provided that such employee has accrued a minimum of sixty-four (64) hours of unused sick leave at the time of joining the sick leave pool.
2. To become a member in the sick leave pool, the employee must contribute eight (8) hours of sick leave to the sick leave pool; such contribution is non-refundable. Members may be required to contribute additional non-refundable hours in order to remain a member when the balance in the sick leave pool falls below the designated level. Participation in the sick leave pool shall, at all times, be voluntary.
3. Any contribution to the sick leave pool shall be taken from the member's personally accumulated sick leave balance.
4. Any hours requested from the sick leave pool shall be used only for the member's own personal illness, accident, or injury.
5. A member shall not be approved for sick leave pool hours until all of his/her personally accrued sick and annual leave time have been used.
6. A member who is a full-time employee may be granted a maximum of twenty (20) work days of sick leave, or 160 hours from the sick leave pool per illness, accident or injury, and no more than sixty (60) work days of sick leave, or 480 hours from the pool per fiscal year. A member who is a part-time employee may use sick leave credits on a pro rata basis.
7. A member may, at any time, request in writing that membership in the sick leave pool be canceled; however, any hours the member donated prior to cancelling membership will remain in the pool. If a participating member is no longer an employee of the University, such employee's membership will automatically terminate.
8. An ad-hoc committee will be used to review and approve requests for the use of sick leave pool hours. The member will be required to provide documentation to support the request. While every reasonable effort is made to protect confidentiality, the sick leave pool committee is subject to the Florida Government in the Sunshine Law. As a result, confidentiality of information provided to the committee cannot be guaranteed.

9. Alleged abuse of sick leave usage or of the sick leave pool shall be investigated, and in the event of a finding of wrongdoing, the member shall repay all of the sick leave credits drawn from the sick leave pool, and the employee shall be subject to other disciplinary action as determined by the University President or designee, up to and including termination.

I wish to apply for membership in the sick leave pool, and if approved, I authorize the sick leave pool administrator to deduct eight (8) hours of sick leave from my personally accrued sick leave balance. I confirm that I currently have an unused balance of at least 64 hours.

Last Name: _____ First: _____ M.I. _____

Position Title: _____

Date of Hire: _____ FTE: _____

Campus Address: _____ Dept. Name: _____

Work Telephone Number: _____ Work email: _____

Signature: _____

Date: _____

*Employee must submit completed form to hr@flpoly.org or send via interoffice mail to: Human Resources so that it is received by Human Resources on or before the last day of the Open Enrollment Period in order to be processed. **Applications received after the last day of the Open Enrollment Period will not be processed.***

To be completed by the Sick Leave Pool administrator:

Date Application received: _____

A. Your application is: Approved.

I certify that, as of date: _____, the above individual has _____ hours of sick leave and that eight hours of sick leave hours have been deducted from his/her balance and contributed to Florida Polytechnic University's sick leave pool.

B. Your application is: Not Approved.

Your application was not approved because:

Sick Leave Pool Administrator's Signature: _____

Date: _____