



FLORIDA STATE UNIVERSITY  
OFFICE OF HUMAN RESOURCES  
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## Sick Leave Pool Membership Application

I AM REQUESTING CONSIDERATION FOR MEMBERSHIP IN THE FSU SICK LEAVE POOL

I UNDERSTAND THAT:

- A. In order to apply for membership, I must have worked for The Florida State University for at least one continuous year in a salaried established position, have a current earned sick leave balance of at least 72 hours, and have an average sick leave use of less than 9 days for each year of my University employment or meet the requirements for transferring Sick Leave Pool membership from a State of Florida agency or university. Upon acceptance for membership, 8 hours of sick leave will be deducted from my sick leave balance and up to 16 hours of sick leave per year (in 8 hour increments) may be automatically taken if the pool balance is reduced below 240 hours. I further understand that these are the basic requirements to be accepted into the FSU Sick Leave Pool. Further information is available on the Human Resources web site at [4-OP-C-7-E2 Sick Leave Pool | Policies and Procedures \(fsu.edu\)](#), or I may contact the Sick Leave Pool Administrator.
- B. If approved for membership, I may request the use of up to 480 hours from the FSU Sick Leave Pool within a 12- month period. This time can only be requested if I personally become severely or critically ill or injured and I have exhausted all my sick, annual, personal holiday and compensatory leave. This request must be made in writing to the Sick Leave Pool Administrator by me or my representative each month that I am ill by submitting the [Sick Leave Pool – Physician’s Report/Request To Use Hours](#) form.
- C. The maximum number of hours that an FSU Sick Leave Pool member may use in a 12-month period is 480 hours. I also understand that while employed with FSU, the lifetime maximum number of Sick Leave Pool hours I may use is 960 hours.
- D. Members must provide proper certification as required by the FSU Sick Leave Pool Committee for consideration before hours from the Sick Leave Pool may be granted.
- E. My participation in the Sick Leave Pool is, at all times, voluntary and I may request in writing, at any time, that my membership be canceled by submitting the [Sick Leave Pool Termination](#) form.
- F. I accept the committee’s decision regarding my request for Sick Leave Pool benefits as final.

Name (print): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department HR Representative’s Name (print): \_\_\_\_\_

Department HR Representative’s Email: \_\_\_\_\_

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_