The open enrollment period for University Sick Leave Pool (SLP) membership is February 3-21, 2020. Please allow approximately 6 – 8 weeks for processing after the open enrollment deadline. You will be notified once the Sick Leave Pool Committee has made a decision regarding your application. If you are already a member of the Sick Leave Pool, you do not need to reapply.

I AM REQUESTING CONSIDERATION FOR MEMBERSHIP IN THE FSU SICK LEAVE POOL. I UNDERSTAND THAT:

A. To qualify for membership, I must have worked for the University for at least one continuous year in an established salaried position, have a sick leave balance of at least 72 hours as of February 20, 2020, and have an average sick leave use of less than 9 days for each year of my University employment. 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 in the FSU Sick Leave Pool. More information is available on the Human Resources web site at http://policies.vpfa.fsu.edu/policies-and-procedures/faculty-staff/sick-leave-pool or I may contact Stephanie Saltos at ssaltos@fsu.edu or (850) 644-9610.

B. If approved for membership, I may request to use 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 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 be granted in a 12-month period is 480 hours. I also understand that while employed with FSU, the lifetime maximum number of 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 Pool may be granted.

E. My participation in the Pool is, at all times, voluntary and I may request in writing, at any time, that my membership be canceled by submitting the “University Sick Leave Pool Termination” form.

F. I accept the Sick Leave Pool Committee’s decision regarding my request for Sick Leave Pool benefits as final.