



FLORIDA STATE UNIVERSITY
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**FLORIDA STATE UNIVERSITY
SICK LEAVE POOL MEMBERSHIP TERMINATION**

Send to email hr-attendanceleave@fsu.edu or Fax (850) 645-9510

I AM REQUESTING TERMINATION OF MY MEMBERSHIP FROM THE FSU SICK LEAVE POOL.

I understand that upon withdrawal from the Pool, I shall cease to be entitled to use any sick leave hours from the Pool, and shall not be eligible to withdraw those hours I have donated to the Pool.

Sick Leave Pool policy can be found at:

<http://policies.vpfa.fsu.edu/policies-and-procedures/faculty-staff/sick-leave-pool>

Name (print): _____ Employee ID: _____

Email address: _____ Phone: _____

FSU Department Name: _____

Department HR Representative's Name (print): _____

Phone: _____

Email: _____

Employee's Signature: _____ Date: _____