

**2026 APPLICATION FOR SICK LEAVE POOL MEMBERSHIP**

**FEBRUARY 9-27, 2026**

Send to [wj19d@fsu.edu](mailto:wj19d@fsu.edu)

The open enrollment period for University Sick Leave Pool (SLP) membership is February 9-27, 2026. Please allow approximately 6 – 8 weeks for processing after the open enrollment deadline. You will be notified once the Sick Leave Pool Committee has decided regarding your application. If you are already a member of the Sick Leave Pool, you do not need to reapply.

<b>Employee Name (Print)</b>	<b>Employee ID</b>	<b>Record</b>
<b>Employee Email</b>	<b>Department</b>	
<b>Department Representative Name (Print)</b>	<b>Department Representative Email</b>	
<b>Supervisor Name (Print)</b>	<b>Supervisor Email</b>	

**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 26, 2026, and have an average sick leave use of less than 9 days for each year of my University employment. Upon acceptance of 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 falls 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 website at <https://policies.vpfa.fsu.edu/policies-and-procedures/faculty-staff/sick-leave-pool>, or I may contact Wandy Joseph at [wj19d@fsu.edu](mailto:wj19d@fsu.edu) or (850) 644-5052.
- 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 my representative or me 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 by FSU, the maximum lifetime 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 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.

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**Employee Signature**

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**Date**