

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

Send to email [hr-attendanceleave@fsu.edu](mailto:hr-attendanceleave@fsu.edu)

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: \_\_\_\_\_