



FLORIDA STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES
A6200 University Center
Tallahassee, FL 32306-2410
Phone: (850) 644-9610

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

Send to email 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: _____