

A request for Family Leave Pool must be completed by the employee and submitted to Human Resources with completed medical certification forms. Employees must meet the Family Leave Pool eligibility requirements. Please refer to [Human Resources Policy HR-04](#) for eligibility requirements and additional details.

Sam ID	Name	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department Name

FAMILY LEAVE

	Hours Requested
- <input type="text"/>	<input type="text"/>

Have you received Family Leave Pool before? Yes No

If yes, provide the approximate date of award

Supporting Documentation Was submitted to Human Resources Will be submitted to Human Resources

Will you receive loss of benefit or wage payments from a third-party? Yes No

EMPLOYEE ACKNOWLEDGMENT & SIGNATURE

I understand that required documentation must be provided to Human Resources prior to the granting of Family Leave Pool request. I understand that Family Leave Pool request must be sent through administrative channels. The amount of pool leave granted is limited to one-third of the balance of hours, or ninety (90) working days, whichever is less. Family Leave Pool will run concurrently with FMLA (if applicable).

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ELIGIBILITY VERIFICATION

Has employee exhausted (or will exhaust) all earned sick and annual leave? Yes No

If yes, provide the date leave has or will be exhausted

Comments – Optional

Sign – Human Resources Specialist

Date

AUTHORIZATION

This request has been Approved Disapproved

If Approved, complete the following questions.

Approved Hours

Approved Usage Period

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Sign – Family Leave Pool Administrator

Date