

# St. Petersburg College Request for Use of Sick Leave Pool

## Instructions for Use of This Form

This form is to be used only by SPC Employees that are members of the Sick Leave Pool and only after all other earned and advanced vacation and sick leave has been exhausted. *Request for Use of Sick Leave Pool* forms must be submitted for each pay period affected. Use of the Sick Leave Pool is limited to personal illness or injury and must be verified by the treating Physician. **Physicians must not sign this form for future pay periods.**

## Procedure:

1. Employee completes the employee portion and forwards to the treating Physician for verification of illness or injury.
2. The Physician completes this form and forwards to Human Resources.
3. *Request for Use of Sick Leave Pool* forms should be submitted to **Human Resources** on a bi-weekly basis, by the Friday prior to each pay date. **Forms may be faxed to Human Resources at 727-499-4603.**

## **To be completed by SPC Employee:** → \_\_\_\_\_

Employee Name (print)

I am applying for use of the sick leave pool for the following absence(s):

\_\_\_\_\_ - \_\_\_\_\_, for a total of  
first day of sick leave pool requested      last day of sick leave pool requested

\_\_\_\_\_ days / hours (*circle one*).

I certify this request is for personal illness or injury to be verified by my treating physician. I have used all earned and advanced sick and vacation leave available to me.

→ I \_\_\_\_\_ do, or \_\_\_\_\_ do not, want this leave counted as Family Medical Leave time.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Department / Site

## **To be completed by treating Physician:**

My patient, above, is experiencing personal illness / injury, and I am the treating physician.

**Physicians must not sign this form for future pay periods.**

\_\_\_\_\_  
Name of Physician (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_