

FAMILY LEAVE POOL REQUEST FORM

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



HUMAN RESOURCES
OUR SERVICES - YOUR FUTURE

INSTRUCTIONS: Read all of the information below carefully. Signing the document acknowledges your acceptance of the policies as they related to recipients of hours donated for family leave. Submit this form along with the medical certification to Human Resources at benefits@tamucc.edu.

To Be Completed by Employee

EMPLOYEE NAME	UIN:	JOB TITLE
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REQUEST FOR FAMILY LEAVE POOL HOURS

- I request the following hours be granted to me from the Family Leave Pool: _____ hours
- I am requesting Family Leave Pool hours for the following reason:
 - The birth of a child.
 - Bonding with a child for the first year after the child's birth.
 - The placement of a foster child or adoption of a child under 18 years of age.
 - The placement of any person 18 years of age or older requiring guardianship.
 - A serious illness of an immediate family member or the employee, including pandemic-related illness.
 - An extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member.
 - A previous donation of time to the pool.

ACKNOWLEDGMENT

- ✓ Hours must be used for reasons in accordance with Regulation [31.06.03, Family Leave Pool Administration](#).
- ✓ Failure to provide proper medical or other applicable documentation may impact my ability to receive Family Leave Pool and that timeliness in providing the medical documentation is necessary as Family Leave Pool may not be permitted retroactively.
- ✓ Hours granted contingent on qualification as a medical emergency may only be used for absences qualified under the approved certified medical illness or condition. Contingent hours may not be used for any other purpose including absences regularly permitted in accordance with System Regulation [31.03.02 Sick Leave](#) and it is my obligation to ensure proper usage of Family Leave Pool only for the certified condition.
- ✓ Family Leave Pool does not transfer to another state agency, cannot be paid to my estate, does not qualify for retirement service credit, and is not eligible for restoration upon re-employment.
- ✓ I understand that my employing department will be notified that I have accepted Family Leave Pool.

Employee (or Designee) Signature

Date

HR USE ONLY

Date form initially received: _____

Medical certification received: Not applicable No, request denied Yes, Date received: _____

Medical emergency qualification determination: Yes, (tax-exempt pool) No (taxable pool)

Medical condition certified through date (if applicable) _____ (recertification required beyond stated date)

Taxable Pool Documentation received Not applicable No, request denied Yes, date received: _____

Number of hours approved: _____ Date processed in leave system: _____

Signature of Sick Leave Administrator/ Human Resources

Date