

BEE COUNTY SICK LEAVE POOL  
REQUEST FOR LEAVE TIME

Date \_\_\_\_\_

This is my request to receive sick leave time from the Bee County Sick Leave Pool. I am requesting \_\_\_\_\_ hours or \_\_\_\_\_ days of leave time be granted to my employee account.

Explanation of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee requesting time: \_\_\_\_\_

Please attach doctor's statement showing projected time of recovery.

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Date submitted to personnel department: \_\_\_\_\_

Reviewed by Pool Committee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of leave time recommended \_\_\_\_\_ hours or \_\_\_\_\_ days.

Approved, Administrator \_\_\_\_\_