

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: _____

Current Mailing Address to receive response: _____

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

Date submitted to Human Resources Department: _____

Reviewed by Sick Leave Pool Committee:

Amount of Leave time recommended by Committee: _____ hours or _____ days.

Approved buy Administrator: _____

To the Service Committee: Please mail an Approval/Denial letter to the address above.

A notification letter is **REQUIRED** indicating the Approval or Denial of the Sick Leave Pool Committee's final decision. A committee member **MUST** send the letter to the employee's home address.