



COLLEGE *of*
CENTRAL
FLORIDA

SICK LEAVE POOL APPLICATION

NOTE: Application can only be accepted in HR during open enrollment in April and October.
Policy is located on the intranet.

Name: _____ Date: _____

Employee ID: _____ Position Title: _____

Department: _____

I have received and read a copy of the Sick Leave Pool policy. I would like to become a member of the sick leave pool and authorize that two days be deducted from my accrued sick leave to initiate my membership in the sick leave pool.

Employee Signature

Date

Approvals:

Payroll Office

Available Sick Leave Hours

Date

Personnel Office

Hire Date

Date