

**APPLICATION FOR  
SICK LEAVE POOL MEMBERSHIP**

*Non-faculty personnel should forward this form to the Employee Benefits Office*

**Please Type or Print**

Employee Name:

Colleague ID Num or SSN:

Position Title:

Position Number:

Department:

Campus:

I hereby apply for membership in the Hillsborough Community College Non-Faculty Sick Leave Pool. I have been employed for at least one (1) full year at HCC and have accumulated at least twelve (12) days of sick leave. I certify that I have read and understand the rule(s) and procedure(s) for the Sick Leave Pool and agree to the terms and conditions required therein. I request that two (2) days of my accumulated sick leave be transferred to the Non-Faculty Sick Leave Pool.

Signature:

Date:

**OHR Review of Eligibility**

One year of full-time HCC employment

FT Hire Date:

At least 12 days (90) hours of accrued sick leave.

Amt of Accrued Sick Leave:

Name and Title of HR Official:

Signature:

Date:

*Where applicable, OHR will forward a Request to Waive the Eligibility Requirements form to the employee.*

**Sick Leave Pool Committee**

Upon review, it is the recommendation of the committee that this application be

Approved

Denied

Name and Title of Committee Chair:

Signature:

Date:

*After committee action is complete the form is returned to OHR. An HR official will notify the employee of the outcome.*

Distribution: Original – OHR (for non-faculty) Copy – Employee