

## Family Leave Pool Request Form

In accordance with The University of Texas System Board of Regents' Rules and Regulations, [Rule 30204](#), The University of Texas at San Antonio Handbook of Operating Procedure [4.34 Family Leave Pool](#), and Texas Government Code [661.022](#), The University of Texas at San Antonio has established a family leave pool program to provide additional leave for employees.

This form is used by employees to request hours to be granted from the Family Leave Pool. The purpose of the family leave pool is to provide benefits-eligible employees an additional leave option and flexibility to:

- a) Bond with and care for a child within the first year following birth, adoption, or foster placement
- b) Care for themselves or their immediate family members due to a serious illness; including a pandemic-related illness or complications caused by a pandemic.

Upon submission of this form, it will be reviewed by the Pool Administrator. If a pool administrator determines you are eligible, the administrator shall approve the transfer of time from the pool to you and credit the time to your exhausted balance.

|                 |                          |            |
|-----------------|--------------------------|------------|
| Employee Name   | Employee ID              | Department |
| Supervisor Name | Anticipated Leave Period |            |
|                 | From:                    | To:        |

| Select the reason(s) for your request and note the associated required document.                                                                                                   | Required Document                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Birth of a child                                                                                                                                          | Physician's note, Verification of Birth Facts or birth certificate |
| <input type="checkbox"/> Placement of a foster child or adoption of a child under 18 years of age                                                                                  | Legal or foster/adoption agency documents                          |
| <input type="checkbox"/> Placement of any person 18 years of age or older requiring guardianship                                                                                   | Legal document                                                     |
| <input type="checkbox"/> Serious illness to an immediate family member or the employee, including a pandemic-related illness<br>Family Member Name _____ Relation _____            | Physician's note                                                   |
| <input type="checkbox"/> Extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member<br>Family Member Name _____ Relation _____ | Essential caregiver designation or proof of school/daycare closure |
| <input type="checkbox"/> Previous donation of time to the family leave pool                                                                                                        |                                                                    |

| To be eligible for the Family Leave Pool, your leave balances must be exhausted. Please state your current leave balances: |  |          |  |                  |  |          |  |                 |  |
|----------------------------------------------------------------------------------------------------------------------------|--|----------|--|------------------|--|----------|--|-----------------|--|
| Sick                                                                                                                       |  | Vacation |  | Floating Holiday |  | Overtime |  | State Comp Time |  |

I  have  have not received a previous FLP award.

**By signing below, I understand and agree to the following statements.**

- I understand the decision made by the Family Leave Pool Administrator concerning my request is final.
- 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.
- I understand that an incorrect, incomplete, misleading or false statement furnished by me may result in sufficient cause for denial of leave and/or disciplinary action.
- I understand that the hours granted for a certified medical emergency may only be used related to absences qualified under the approved certified medical illness or condition per [HOP 4.34 Family Leave Pool](#). Hours granted may not be used for any other purpose including absences regularly permitted in accordance with [HOP 4.20 Authorized 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 Signature

\_\_\_\_\_  
Date