UTSA Human Resources

SICK LEAVE POOL INFORMATION AND APPLICATION

The Sick Leave Pool was designed by the Texas Legislature for catastrophic illness or injury.

Handbook of Operating Procedures 4.26 Sick Leave Pool

Eligibility

Benefits eligible employees who have accrued and exhausted all forms of paid leave are eligible to apply to the Sick Leave Pool if the employee or a member of his or her immediate family is suffering from a catastrophic illness or injury. **A catastrophic illness or injury** is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires treatment by a licensed practitioner for a prolonged period and that forces the employee to exhaust all leave time earned and therefore results in loss of compensation from the State. **A severe condition or combination of conditions is one that will:**

1. Result in death if not treated promptly, or
2. Requires hospitalization for more than 72 consecutive hours, or
3. Causes a person to be legally declared a danger to him or herself or others.

Note: Pregnancy and elective surgery are not considered severe conditions except when life-threatening complications arise from them.

Application Requirements

An employee is eligible to apply for the Sick Leave Pool when all of the following conditions are satisfied:

- The employee or employee's immediate family has a severe condition or combination of conditions, as defined in this policy, that requires the prolonged care of a licensed practitioner;
- The employee has exhausted all accrued paid leave time including compensatory time because of the condition;
- The employee must not be eligible for any form of Short Term/Long Term Disability payments from any source;
- The employee has not exhausted the maximum amount of Sick Leave Pool allowed per catastrophic illness or injury; and
- The employee's condition is not an on-the-job injury covered by Worker's Compensation Insurance.

Withdrawal from the Sick Leave Pool

- Employees who are awarded Sick Leave Pool are eligible for up to 720 hours or 1/3 of the Sick Leave Pool balance, whichever is less. Part-time employees who are awarded Sick Leave Pool are eligible for an amount of hours that is proportionate to their appointment.

Awaiting a Sick Leave Pool Decision

Employees who have exhausted all accrued and available leave time must be placed on Leave Without Pay pending the decision of Sick Leave Pool. In other words, employees are not allowed to carry a negative leave balance.

PLEASE RETURN BOTH (1) THE APPLICATION FOR SICK LEAVE POOL and
(2) LICENSED PRACTITIONER STATEMENT
TO THE OFFICE OF HUMAN RESOURCES WHEN COMPLETED

UTSA Human Resources

APPLICATION FOR SICK LEAVE POOL (SLP)

Part I. Employee Information:

Last Name | First Name | Middle Name | EMPL ID

Home Address | City | State | Zip Code

Home Phone | Cell Phone

Department | Work Phone

☐ I have received SLP ☐ I have not received SLP

Part II. Request for Award from Sick Leave Pool

I request an award from the Sick Leave Pool on behalf of (check one) ☐ myself or ☐ an immediate family member because of a catastrophic illness or injury.

If the request is because of an illness or injury of an immediate family member, please provide the following:

1. The name of the ill/injured individual: _____
2. The relationship to the employee: _____

Part III. Proof of Medical Condition

1. You must submit proof of the medical condition from a licensed practitioner. Return the Licensed Practitioner Statement with this application.
2. You may be asked for additional proof of medical information from you or your healthcare provider.

Part IV. Verifications

- I understand that I must meet the requirements set out in the Sick Leave Pool policy to be eligible for an award of Sick Leave Pool time.
- I understand that the decision of the Sick Leave Pool Administrator concerning my request for an award of time from the Sick Leave Pool is final.
- I understand that I must authorize my licensed practitioner to release the information requested on the Licensed Practitioner Statement form, and other necessary information, to the Sick Leave Pool Administrator and those persons who will decide on this application.

Employee Signature | Date

Notice Concerning Your Information: You may be entitled to know what information UT San Antonio (UTSA) collects concerning you. You may review and have UTSA correct this information according to procedures set forth in UT System BPM#32. The law is found in sections 552.021,552.023 and 559.004 of the Texas Government Code.

UTSA Human Resources

APPLICATION FOR SICK LEAVE POOL - LICENSED PRACTITIONER STATEMENT

I authorize my licensed practitioner, _____ to release any information requested on this form and any other pertinent information concerning my or an immediate family member's condition to The University of Texas at San Antonio's Sick Leave Pool Administrator.

Patient's Name Printed

Employee's Name (If different from Patient's name)

Patient's Signature or Parent/Legal Guardian Signature

Date

The employee named above has applied to the University's sick leave pool for benefits. The information requested will be used solely to determine the employee's eligibility for benefits and, if eligible, the amount of time to be awarded to the employee.

To be completed by Licensed Practitioner

1. Does the patient's condition qualify under any of the following? (check all that apply)

- ☐ Absence Plus Treatment
- ☐ Chronic Condition Requiring Treatment
- ☐ Multiple Treatments (non-chronic conditions)
- ☐ Pregnancy or Prenatal Care
- ☐ Elective Treatment
- ☐ Result in Death if Not Treated Promptly
- ☐ Hospital Care *
- ☐ Permanent/Long-Term Condition Requiring Supervision
- ☐ Causes a Person to be declared a Danger to themselves or others

*Dates:

2. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic: Please Check all that apply:

- ☐ Medical needs
- ☐ Safety
- ☐ Transportation
- ☐ Psychological comfort

3. Due to the patient's health condition, the employee is unable to work from: _____ to: _____

4. Due to the patient's health condition, provide a medical recommendation for the frequency and duration of the employee's leave (i.e. hours/day, days/week; for 3 months, 6 months, etc).

5. Describe the medical facts which support your certification regarding the serious health condition that impede the employee's ability to work, including date the condition commenced.

Note: Please attach supporting documentation if needed.

6. Date of next scheduled appointment:

Licensed Practitioner Signature

Date

Printed Name

Phone

Fax