

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

REQUEST FOR SICK LEAVE FROM THE SICK LEAVE POOL

1. IDENTIFICATION

Name of Employee: _____ Employee ID#: _____
Position _____ Title: _____
Department/Division: _____
Mailing Address: _____

A **catastrophic injury or illness** is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediate family. A severe condition or combination of conditions is one that:

- (a) Will require an absence from work and/or treatment for at least 45 continuous calendar days **AND**
- (b) Is a life threatening condition if not treated properly, or
- (c) Has been designated as terminal and will result in death, or
- (d) Declared a danger to him or herself or others due to the diagnosis, or
- (e) After review of the employee's position description by their healthcare provider is determined to be a severely debilitating condition that will result in the individual not meeting the essential functions of his/her job if not treated properly (Note: this condition will require re-evaluation every 30 days in regard to the impact of the employee's essential job functions.)

Examples of medical conditions that could be considered under the SLP: Life threatening medical conditions such as strokes, heart attacks or major organ failure. This also includes life threatening injuries caused by a serious accident, various cancer diagnoses, major depression or mental disorders that could result in danger to him/herself or others, a terminal diagnosis, or a condition that would result in death.

Examples of medical conditions generally not eligible for SLP: Unless life threatening complications or seriously debilitating conditions arise from them, ineligible medical conditions include but are not limited to the following: pregnancy/birth events, elective out-patient and inpatient procedures, stable chronic medical or mental health conditions, elective surgeries, surgeries performed to improve quality of life, mobility or minimize chronic pain (knee replacements), discectomy (removal of herniated disc in the spine), bunionectomy (podiatric surgery), benign cyst removal, etc.

Please describe the circumstances which qualify you to receive sick leave from the Sick Leave Pool:

Is this the result of an on-the-job injury? Yes No

Applicant's Signature: _____ Date: _____

2. DEPARTMENT ACKNOWLEDGMENT

ATTENTION: THE FOLLOWING INFORMATION SHOULD BE COMPLETED BY THE DEPARTMENT. ALL INFORMATION AND QUESTIONS ON THIS FORM MUST BE COMPLETED BEFORE SUBMITTING OR THIS REQUEST WILL BE RETURNED AND PROCESSING WILL BE DELAYED.

Last date employee worked or will work: _____

Approximate date all accrued leave will be exhausted: _____

Person verifying information: _____

Signature of Administrative Head: _____ Date: _____

Type or print name of Administrative Head: _____

Title: _____

TTUHSCPE Address: _____ Phone: _____

Please attach a completed application for Family and Medical Leave and Certification of Health Care Provider (HSC OP 70.32) and return to the Human Resources Department.