



**Sick Leave Pool Certification of a Licensed Practitioner**

**Instructions to Employee:** Completion of this form is only required if the employee is requesting Sick Leave from the Sick Leave Pool. All of the documentation must be fully completed and contain sufficient information to allow the HR Leave Administrator to evaluate the employee’s eligibility. If eligibility cannot be determined from all of the documentation submitted, the request will be denied.

**SECTION 1: EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ Employee ID: R \_\_\_\_\_

Department: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Approximate date all accrued leave will be exhausted \_\_\_\_\_  
(Intermittent Sick Leave Pool hours will be awarded in increments of up to 180 hours per application and certification)

My signature authorizes my health care provider to submit paperwork directly to Texas Tech University Health Sciences Center

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: HEALTH CARE INFORMATION:**

(To be completed by HEALTH CARE PROVIDER)

**Part A: MEDICAL FACTS**

Conditions eligible for Sick Leave Pool awards must be considered catastrophic. For purposes of Sick Leave Pool, pregnancy and cosmetic surgery are not considered catastrophic conditions, except when life-threatening complications arise from them.

Patients Name: \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

1. Is the condition arising out of the employee's current employment?  Yes  No  
\*Occupational injuries or illnesses related to current employment are not eligible for an award of Sick Leave Pool. The employee may still qualify for benefits under the worker's compensation program and/or FMLA Leave. The employee should contact their manager to report a work-related condition.
2. Does the patient’s condition require an absence from work and/or treatment for at least 30 calendar days?  Yes  No
3. Does the patient’s condition qualify as a catastrophic injury or illness as defined below?  Yes  No  
**Catastrophic injury or illness** is a severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose sick leave compensation from the State for the employee.

IF NO, STOP HERE. The employee should contact Human Resources for all other available leave options.

**Part B: AMOUNT OF LEAVE NEEDED**

1. Will the employee/family member be incapacitated for a continuous period of time due to his/her medical condition, including any time for treatment and recovery? Yes No

If Yes, estimate the beginning and ending dates for the period of incapacity:

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

2. Will the employee need to work part-time or on a reduced schedule because of the medical condition or treatment needed? Yes No

If Yes, Estimate the part-time or reduced work schedule the employee needs to care for their own or family member's condition:

\_\_\_\_\_ Hour(s) per day \_\_\_\_\_ Days per week

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

3. If the employee's leave is required to care for an immediate family member with a catastrophic condition, what are the patient's needs involving the employee? (check all that apply)

Medical assistance  Transportation  Psychological Support

Assistance with activities of daily living

4. Describe other relevant facts related to the condition for which the employee seeks an award of Sick Leave Pool (such facts may include symptoms, medication, or any regimen of continuing treatment, such as radiation or chemotherapy appointments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part C: LICENSED HEALTH CARE PROVIDER INFORMATION**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Practice/Medical Specialty \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date