



Request Sick Leave Pool for Catastrophic Conditions

Complete this application and send to:
Mail: 3410 Taft Blvd Wichita Falls, TX 76308
Human Resources, Hardin Administration Bldg., Room 210
Fax: 940-397-4780 or E-mail: human.resources@msutexas.edu

For Completion by the EMPLOYEE

Please complete page one before giving this form to your health care provider. Midwestern State University maintains records and documents created for Sick Leave Pool as confidential and in separate files from the department personnel files. Sick Leave Pool is an award of income for catastrophic health conditions and is not the same as Family Medical Leave (FML); although Sick Leave Pool will run concurrently with FML, if applicable. Failure to provide a complete and sufficient Sick Leave Pool application may result in denial of your Sick Leave Pool request. You should apply for Sick Leave Pool prior to exhausting your accrued leave time.

Employee's Name: _____ Campus ID: _____

Job Title & Essential Job Functions: (If application is for employee's own catastrophic health condition)

I have I have not received an award of Sick Leave Pool before.

I certify this is not a condition arising out of my current employment.

Home Address: _____

Home Phone: _____ Other Phone: _____

Department Contact: _____ Office Phone: _____

Patient's Name: (If different from employee) _____

Relationship: (must be immediate family member for Sick Leave Pool purposes) _____

For purposes of Sick Leave Pool, pregnancy and elective surgery are not considered catastrophic conditions, except when life-threatening complications arise from them.

Immediate Family Member for purposes of Sick Leave Pool are those individuals who live in the same household as the employee and are related by kinship, adoption, or marriage; or are foster children certified by the Texas Department of Child Protective and Regulatory Services, or an employee's minor child regardless of whether the child lives in the same household. If not in the same household, an immediate family member is strictly limited to the employee's spouse or child.

Acknowledgement and Signature

Sick Leave Pool requirements must be met for an award. If denied, I may still qualify for unpaid FMLA or other leave options and should contact Human Resource Services to discuss all other available leave options.

Employee's Signature: _____ Date: _____

Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that Midwestern State University collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information or request corrections to it, by contacting the Human Resources Department, Address: 3410 Taft Blvd Wichita Falls, TX 76308 (e-mail: human.resources@msutexas.edu).