



Human Resources Department
3410 Taft Boulevard Wichita Falls, Texas 76308-2099
Phone 940.397.4221 fax 940.397.4780

REQUEST FOR APPROVAL / SICK LEAVE POOL BENEFITS

Refer to MSU Sick Leave Pool Policy # 3.337

Instructions: This form should be completed, signed by the employee, the employee's immediate supervisor, and the attending licensed practitioner and returned to the MSU Human Resources Dept. within 24 hours of the date of request. This request for leave should be made as soon as the need for such leave is apparent. A licensed practitioner's statement is required.

Employee Name: _____ Employee M# _____

Street Address: _____ City: _____ State: _____ Zip: _____

Hire Date: _____

Requests for approval of Sick Leave Pool benefits is in accordance with the MSU Sick Pool Policy #3.337. I hereby certify that I qualify for the Sick Leave Pool based upon a catastrophic illness or injury of at least 30 days duration experienced by: (check one)

- 1. _____ me, (the employee), or
2. _____ my immediate family member (see policy)

My request for leave will begin on _____ and end on _____

Based on the requested date above, I will exhaust all my accrued leave on _____

I am requesting that leave be granted as: (check one)

- 1. _____ Intermittent leave or reduced work schedule for a chronic, severe medical condition requiring recurrent treatment by a licensed practitioner, or
2. _____ Continuous leave under the care of a licensed practitioner during a prolonged period of incapacity or convalescence due to a catastrophic illness.

I attest that the information is true and accurate to the best of my knowledge and that I have full intention of returning to work, if able. I request and permit my attending licensed practitioner to release additional or clarifying information to the University, which would assist in the determination of qualification for the sick leave pool benefits. I understand that I may be required to refund those benefits to the University if it is determined that I did not qualify for benefits, after having received them. (Do not provide Pages 2 and 3 to the supervisor as they may contain confidential medical information.)

Employee's signature _____ Date _____

I am aware that the employee is requesting the sick leave pool benefits.

Immediate supervisor's signature _____ Date _____

HR Approval: [] Yes [] No
By: _____ Duration: _____

**REQUEST FOR APPROVAL / SICK LEAVE POOL BENEFITS
EMPLOYEE'S STATEMENT**

The Genetic information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring disclosure of genetic information on an individual employee or his/her family member except as specifically allowed by this law.

To be completed by the employee

1. Describe in a brief statement, the medical facts that support the patient's claim of a catastrophic illness.

2. State the approximate **date** the condition commenced and the probable **duration** of the condition and the incapacity.

3. Is the leave request in order to provide care to an immediate family member?

Yes

No

If yes, provide the relationship of the family member to the MSU employee. _____

If yes, is the MSU employee the primary care-giver of the family member?

Yes

No

4. If the leave requested is to care for an immediate family member, describe the type of patient assistance required of the employee, for example, basic medical or personal needs, safety, transportation to health care providers, etc.

5. Certification of Employee

I attest the above statements are true and complete to the best of my knowledge.

Signature of Employee

Date

Printed Name



Human Resources Department
3410 Taft Boulevard Wichita Falls, Texas 76308-2099
Phone 940.397.4221 fax 940.397.4780

MIDWESTERN STATE UNIVERSITY
REQUEST FOR APPROVAL / SICK LEAVE POOL BENEFITS
ATTENDING LICENSED PRACTITIONER'S STATEMENT

The Genetic information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring disclosure of genetic information on an individual employee or his/her family member, except as specifically allowed by this law.

To be completed by attending licensed practitioner (See employee's signed release, page one)

1. Which of the categories below best describes the patient's condition?

An illness, injury, impairment, or physical or mental condition involving the following:

Table with 7 categories: (1) Hospital Care, (2) Pregnancy, (3) Absence plus recurrent treatments, (4) Chronic condition(s) requiring treatment, (5) Multiple treatments for non-chronic conditions, (6) Permanent /Long-term condition requiring supervision, (7) Other (explain)

2. Explain how the condition of the patient meets the criteria of the categories marked above.

3. Is the patient's condition a severe condition or combination of conditions affecting the mental or physical health that requires the services of a licensed practitioner for the duration of thirty (30) or more days? Yes No

4. Will the patient's condition possibly result in death if not treated promptly or on regularly scheduled intervals? (Chemotherapy treatments, etc.) Yes No
If yes, Type of treatment:
Schedule of treatments:

5. The employee must remain off work for (choose one):

4 weeks 6 weeks 8 weeks other (if other, include dates employee cannot work)

If the employee has requested intermittent leave, will the employee need to work part-time or on a reduced hour schedule to care for the medical condition or to assist in the medical care of an immediate family member? Yes No

Hours per day Hours per week from (date) through (date).

6. If the patient is NOT the MSU employee, does the patient require assistance for basic medical or personal care, transportation to medical care, or to ensure safety? Yes No. If no, would the employee's presence provide psychological comfort, be beneficial to the patient, or aid the patient's recovery? Yes No
Estimated duration of care: (dates)

7. Certification of attending Licensed Practitioner
I attest the above statements are true and complete to the best of my knowledge.

Signature of Licensed Practitioner

Date

Printed Name

Phone #