

PENSACOLA STATE COLLEGE

Request to Withdraw Leave from the Sick Leave Pool

Pensacola State College
1000 College Boulevard
Pensacola, FL 32504-8998
Attention: Sick Leave Pool Committee

I, _____, of the _____ Department,
hereby request to withdraw leave from the sick leave pool, effective _____ through
_____ for the following reason:

_____ Illness _____ Disability _____ Injury

I understand that I must return to work on _____. If I am unable to work that
day, I understand that another written statement from my physician will be required.

Employee's Description: _____

_____.

Please Attach Physician's Statement Written on Letterhead

According to the Sick Leave Pool (SLP) Procedure 434, a description of the illness/disability/injury must be
completed by a physician which certifies the inability to work and estimates the anticipated duration of the
inability to work. **I understand there will be no withdrawal of leave from the SLP until at least ten (10)
consecutive days have been depleted due to the above illness-disability or injury.** _____ Initials

The maximum number of days that can be withdrawn from the SLP by any one individual in any one
fiscal/contract/year is forty-five days.

Authorization for Release of Medical Information

I, _____, hereby authorize release of my medical information
related to my current medical condition, _____, to Pensacola State College.

Employee Signature

Date

Sick Leave Pool Committee Review

Applicant's request is: _____ Approved _____ Disapproved

Sick Leave Pool Committee Chairperson

Date