



Sick Leave Pool
Membership Application
Division of Human Resources

Phone (813) 974-2970/Email: Leaveadmin@usf.edu

To be completed by Applicant:

Employee Name: _____ GEMS Employee ID #: _____
FTE: _____ Campus Location: _____ Campus Phone #: _____
Department: _____ College / Division: _____
Employment Type: [] Faculty [] Administration [] Staff

By signing below, I agree to join the USF Sick Leave Pool (SLP) and abide by the procedures and practices as set forth in the Sick Leave Pool Procedures. The hours contributed to the SLP will be deducted from my sick leave balance by Division of Human Resources.

Employee Signature: _____ Date: _____

Please turn in this form to your Departmental A&L Coordinator for processing.

To be completed by Supervisor and Departmental A&L Coordinator:

I verify that the above named employee is eligible for membership in the USF SLP and that the above information is accurate and complete.

Supervisor Name _____ Signature _____ Date _____ Campus Phone # / Location _____

Sick Leave Balance (after deduction): _____

Departmental A&L Coordinator _____ Signature _____ Date _____ Campus Phone # / Location _____

To be completed by the USF SLP Administrator:

Employee Application is:

[] Approved. I certify that, as of ____/____/____, the above individual has _____ hours of sick leave and has been employed with the University of South Florida for at least one year and that _____ sick leave hours have been deducted from his/her balance and contributed to the USF SLP.

[] Disapproved. This application is disapproved because: _____

USF SLP Administrator Signature _____ Date Signed _____

All applicants will be notified of approval/disapproval by 5/31/2019.
No paper or PDF applications will be processed. Only Electronic digital applications will be accepted.
All incomplete forms will be returned.