



**Sick Leave Pool  
Membership Application**  
Central Human Resources  
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

I understand by submitting the membership application 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.

Please check to accept/agree

**Please accept and send form to your Supervisor**

**To be completed by Supervisor:**

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Campus Phone#/Location: \_\_\_\_\_

I acknowledge that the above-named employee is applying for membership in the USF SLP.

**Please acknowledge and send form to your Departmental A&L Coordinator for processing**

**To be completed by Departmental A&L Coordinator:**

Sick Leave Balance (after deduction): \_\_\_\_\_

Department A&L Coordinator Name: \_\_\_\_\_ Date: \_\_\_\_\_ Campus Phone#/Location: \_\_\_\_\_

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

**To be completed by the USF SLP Administrator:**

Employee Application is:

Approved. I certify that, as of 3/31/22 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 5/31/2022.  
No paper applications will be processed. All incomplete forms will be returned.**