

THE UNIVERSITY OF TEXAS-HOUSTON  
HEALTH SCIENCE CENTER

**SICK LEAVE POOL APPLICATION**

DEFINITION OF A CATASTROPHIC ILLNESS OR INJURY

As defined by the State of Texas, a catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the State for the employee.

Definition of Immediate Family Member - Immediate family means those persons living in the same household with the employee who are either related to the employee by kinship, adoption, or marriage or are certified by the Texas Department of Human Services as foster children of the employee or, if not living in the same household, are totally dependent upon the employee for personal care or services on a continuing basis.

APPLICATION TYPE:  Employee       Family Member's Name \_\_\_\_\_  
Relationship to Employee \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Empl ID Number: \_\_\_\_\_

Nature of Illness or Injury: \_\_\_\_\_  
\_\_\_\_\_

Date of Illness or Injury: \_\_\_\_\_

Date all Paid Leave will be Exhausted: \_\_\_\_\_

Number of Days/Hours Requested: \_\_\_\_\_  
**(MUST BE COMPLETED)**

Attach your practitioner's statement that includes a verification of the above statements.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

DEPARTMENT USE ONLY:

Has all paid leave been exhausted \_\_\_ Yes \_\_\_ No  
Has employee been placed on Family Medical Leave  
Yes \_\_\_ effective: \_\_\_\_\_  
No \_\_\_ reason: \_\_\_\_\_

POOL ADMINISTRATION USE ONLY:

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_  
 Approve       Disapprove  
 Need Further Documentation

\_\_\_\_\_  
Supervisor's Signature      Date

\_\_\_\_\_  
Signature (Pool Administrator)