

REQUEST FOR WITHDRAWAL FROM SICK LEAVE POOL

Name: _____ Department: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Number of Days Requested from Sick Leave Pool: _____

Reason for Leave (Explain): _____

NOTE: An employee requesting a withdrawal from the Sick Leave Pool for the employee's own serious health condition must submit a verifying medical certification along with the request form.

I hereby acknowledge if I am released to return to work prior to the expected date, the unused days will remain in the pool. In addition, failure to return to work at the conclusion of my leave will be deemed a resignation from employment, unless Washington College approves a leave extension and records such approval in writing.

Signature: _____ Date: _____

APPROVED BY: _____

Director of Human Resources

DENIAL OR VARIANCE BY: _____

Director of Human Resources

Reason: _____

Number of Days Granted: _____