**SICK LEAVE POOL APPEAL FORM**

**SUPERVISOR CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name: |  | Last 4 SSN: |  |
| Region/Location: |  | | |

1. Date of Sick Leave Pool Denial:
2. In Compliance with Sick Leave Pool policy, additional medical information in support of the appeal must be submitted. Is the information attached?
3. A letter from the employee is attached. Yes  No
4. New medical information from the physician. Yes  No

The initial Sick Leave Pool request has been denied as a result of one or more of the following:

1. The employee’s condition does not meet the definition of Catastrophic Illness/Injury
2. The employee is eligible for a modified duty or alternative duty position under the departmental Return to Work policy
3. Employee has not been employed by the Department for the prior six months
4. Employee has previously been granted and exhausted the maximum amount of Sick Leave Pool within the previous twelve months
5. Employee has not used other paid or unpaid leave responsibly, most recent performance evaluation does not reflect satisfactory attendance, and employee is on some type of disciplinary probation and/or suspension (with or without pay) status at the time of the request

**The appeal claim has been reviewed by the supervisor and submitted to Human Resources for reconsideration. The appeal is/is not recommended by the division/regional chain of command as referenced below.**

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| --- | --- | --- |
|  |  | Recommend Approval: Yes  No |
| Signature | Date |  |
|  |  | Recommend Approval: Yes  No |
| Signature | Date |  |
|  |  | Recommend Approval: Yes  No |
| Signature | Date |  |
|  |  | Recommend Approval: Yes  No |
| Signature | Date |  |
|  |  | Recommend Approval: Yes  No |
| Signature | Date |  |
|  |  | Recommend Approval: Yes  No |
| Signature | Date |  |
|  |  | Recommend Approval: Yes  No |
| Signature (Division Chief or Designee) | Date |  |