**SICK LEAVE POOL APPEAL FORM**

**SUPERVISOR CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |       | Employee ID: |       |
| 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 has been submitted to HR. Yes [ ]  No [ ]

The sick leave pool claim was denied as it did not meet one or more of the following criteria required to qualify:

1. 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 forced the employee to exhaust all sick leave earned by that employee and to lose compensation from the State;
2. The employee is not eligible for a modified duty or alternative duty position under the departmental Return to Work policy;
3. Employee has been employed by the Department for the prior six months;
4. Employee has already been granted and utilized the maximum amount of Sick Leave Pool within the previous twelve months;
5. Employee must have used other paid or unpaid leave responsibly, most recent performance evaluation must reflect satisfactory attendance, and must not be on disciplinary probation and/or suspension (with or without pay) status at the time of the request.
6. The employee did not meet the 22-day waiting period.
7. The employee did not exhaust all of their leave balances.

**The appeal claim has been reviewed by the supervisor and submitted to Human Resources for reconsideration.**

|  |  |  |
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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 |  |