**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.**

|  |  |  |
| --- | --- | --- |
|  |  | 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 |  |