

Joining the Sick Leave Pool

The Sick Leave Pool is open for membership application during annual Open Enrollment. All full-time employees who meet the eligibility requirements can become a part of the Sick Leave Pool. Eligibility is determined as of the December 8 paycheck and becomes effective the first workday of January the following year. Employees must have been employed in a full-time status for at least one year and have a minimum of 72 Sick leave hours available, as a contribution of 16 hours of Sick leave is required to be a member.

To join the Sick Leave Pool, add a “Donate Leave Request” by following the steps below:

- Select My Time tile
- Select Leave Pool Transfer tile
- Select Donate Leave Request
- Choose “Sick Leave” where you see the “Select Entitlement” dropdown field
- Input “16” in the Hours to Donate field
- Under the “Agreement and Compliance” section, click the Confirmation statement button
- Select Submit

← My Time
Leave Transfer

- Donate Leave Request
- Leave Transfer Request History
- Receive Donated Leave Request

Request to Donate Leave

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This form is used to donate sick leave hours to the Sick Leave Pool, if you have met all eligibility requirements, per APM 03-1006.
Employees on written warning may not donate accrued leave time. Additionally, employees who have provided notice or have been given notice of termination of employment may not donate time.

Donation Program

*Program Name: Sick Leave Pool

Category	Bank	Type	Voluntary
Contribution Type	One-Time	Frequency	
Unit Type	Hours	Ceiling Limit	16.00
Minimum Hours	8.00	Maximum Hours	16.00
Begin Date	01/01/2015	End Date	

Leave Contribution

From Entitlement	Balance	Hours to Donate	Recipient Type	Name	Details	Delete
Sick Leave	99.75				Details	Delete

Comments

Requester Comments:

Agreement and Compliance

- I acknowledge that I have read the Leave Donation Policy. (Sick Leave Pool) APM 03-1006
- I acknowledge that enrollment is open once annually for full-time faculty and staff.
- I acknowledge that I meet the eligibility of one (1) year full-time employment and a minimum of 72 sick leave hours.
- I acknowledge that I must contribute 16 hours from my sick leave to the pool.

I hereby confirm that I have read and comply with the given statements.

[Submit](#)
[Save for Later](#)

For detailed information about FSCJ’s Leave Donation Policy, see [APM 03-1006](#).