Texas Department of Criminal Justice
Sick Leave Pool Application for Withdrawal

NAME: _____ SSN : _____
Please Print: Last First MI

UNIT/DEPT: _____ MONTHS STATE SERVICE SINCE MOST RECENT HIRE DATE: _____

POSITION TITLE: _____ SALARY GROUP: _____

1. Date accrued leave(s) is exhausted:
   Initial Request: _____ First Subsequent Request: _____ Second Subsequent Request: _____
2. Number of hours contributed to sick leave pool this fiscal year (eight-hour increments for full-time employees and four-hour increments for part-time employees): _____
3. Number of hours requested from sick leave pool: _____
   Hours requested should not exceed eligibility based on months of state service or previous contribution.
4. Withdrawal:
   Request withdrawal due to catastrophic injury or illness.
   _____ Employee
   _____ Immediate Family Member.
   Relationship: _____
   Where family member resides: _____
   If not in employee's household, include a statement indicating to what extent the family member is totally dependent upon the employee on a continuing basis: _____
   _____
   _____
   _____ Reconsideration with additional medical information attached.
5. Required documentation attached:
   _____ Attending licensed practitioner's statement to contain description of injury or illness, date of the onset or initial diagnosis, prognosis for recovery and anticipated date of return to active duty. If family member, include the amount of assistance required from the employee.

_____ _____
Employee Signature Date (MM/DD/YYYY)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Employee meets employment eligibility criteria and the PERS 206, Sick Leave Pool Application for Withdrawal is being forwarded to the sick leave pool administrator for further consideration of the employee's medical condition:

_____ _____
Warden/Dept. Head or Designee's Signature Date (MM/DD/YYYY)

Note: The warden/dept. head or designee's signature verifies only that the employee meets the criteria relating to months of service and hours contributed to the pool during the current fiscal year. This does not verify that the employee meets the catastrophic injury or illness criteria.

The initial request has been ☐ Approved ☐ Disapproved.

A total of_____hours have been provisionally approved based on eligibility.

The number of hours granted at this time are_____(240 maximum)

_____
Pool Administrator Signature Date (MM/DD/YYYY)

Subsequent Requests	Licensed Practitioner's Statement Attached	Approved	Disapproved	Hours Granted (240 Maximum)	Pool Administrator Initials	Date
First						
Second						

DISTRIBUTION:
Original: Employee Master Human Resources File
Copy: Employee Unit/Department Medical File (Sick Leave Related Section)
Copy: Employee