

Texas Department of Criminal Justice Sick Leave Pool Application for Withdrawal

NAME: _____ PAYEE ID: _____
 Please Print: Last First MI

UNIT OR DEPT: _____ MONTHS TDCJ SERVICE SINCE
 MOST RECENT HIRE DATE: _____

POSITION TITLE: _____ SALARY GROUP: _____

EMAIL: _____

1. Date Sick Leave Pool Request to begin:
 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 TDCJ service since most recent hire date 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 and the date of the onset or initial diagnosis. 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 or immediate family member's medical condition:

 Warden, Department Head, or Designee's Signature _____ Date (mm/dd/yyyy)

Note: The warden, department head, or designee's signature verifies only that the employee meets the criteria relating to not being a working retiree, months of TDCJ service since the most recent hire date, and hours contributed to the sick leave pool during the current fiscal year. This does not verify that the employee meets the catastrophic injury or illness criteria.

The request has been Approved Denied. A total of _____ hours have been approved based on eligibility.

The number of hours granted at this time are _____ (240 maximum)
_____ Pool Administrator Signature _____ Date (mm/dd/yyyy)

Subsequent Request	Licensed Practitioner's Statement Attached	Approved	Denied	Hours Gained (240 Maximum)	Pool Administrator Initials	Date
First						
Second						

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