



# Sick Leave Pool

## at the University of Florida

### What would you do?

What would you do if you became catastrophically injured or ill and had to use all of your sick, vacation, and compensatory leave? If you participated in the University of Florida's sick leave pool, you could have access to additional sick leave--sick leave that would protect you when you need it!

The University of Florida's sick leave pool allows participating employees to combine a portion of their individually accrued sick leave for collective use.

As a member of the sick leave pool, you would be able to draw upon the pool--after approval from the sick leave pool committee--in instances where you used all of your sick, vacation, and compensatory leave hours (if applicable) due to personal, not family, catastrophic injury or illness. (Personal catastrophic illness includes disabilities associated with pregnancy.)

### What is catastrophic injury or illness?

Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which has resulted in a life-threatening condition and/or has had a major impact on life-functions. Such life-functions include, but are not

limited to, loss of physical senses, loss of physiological processes, or loss of a limb.

Examples of the types of injuries or illnesses which have resulted in employees being granted pool hours include surgery to remove a kidney, to remove a lung, and for emergency cardiac surgery. In addition, pool hours have been granted for the amputation of a limb and for transplant surgery. All requests to withdraw hours from the pool are evaluated on a case-by-case basis.

### Am I eligible to participate?

You are eligible to participate in the sick leave pool if:

- You are appointed in an academic personnel, TEAMS, or USPS position.
- You have a minimum of 64 hours of sick leave on balance.\*

**All eligible employees may enroll in the pool during the annual open enrollment period October 1-31 each year.**

\*All figures mentioned are for full-time employees. If you are a part-time employee, your figures will be pro-rated. Call the sick leave pool administrator for details.

### How do I apply for membership?

If you wish to participate in the pool, please complete and return the application to the sick leave pool administrator by email, fax, or postal mail.

***central-leave@ufl.edu***

**Fax (352) 392-5166**

**OR mail to:**

**UFHR Benefits**

**P.O. Box 115007**

**Gainesville, FL 32611-5007**

**To enroll, your application must be received by the sick leave pool administrator during the open enrollment period, October 1-31 each year. *If sending by postal mail it must be postmarked by 10/31.***

You will be notified within 30 days after the close of the appropriate enrollment period if you have been accepted into the pool.

### How do I know if I am already a member of the sick leave pool?

You may check your Benefits Summary in myUFL. The navigation is **Main Menu > My Self Service > Benefits > Benefits Summary**. If you see "**5X UF Sick Leave Pool**" on your summary you are already a member.

## **Do I need to reapply for membership each year?**

You do not need to reapply each year. Your membership is continuous unless you request cancellation or you retire, transfer, resign, or are terminated from University of Florida employment.

## **How are contributions made to the pool?**

If your application is approved, you will contribute eight hours of your sick leave to the sick leave pool, which will be deducted from your sick leave account automatically.

You may be asked to contribute another eight hours of sick leave if the total available in the pool ever drops to an unacceptable level. However, you cannot be asked to contribute more than two times in any fiscal year.

## **How do I use the pool?**

Any use of the sick leave pool must be approved by the sick leave pool committee--a committee composed of two University of Florida physicians, three academic personnel members, three exempt staff members, and three non-exempt staff members. In addition, one sick leave pool administrator for Academic Personnel, TEAMS and USPS employees facilitates the committee's activities, the processing of applications, and requests for use of the pool.

When you make a request to withdraw hours from the sick leave pool--and you do so by forwarding your request to the sick leave pool administrator--the committee will review and determine whether or not to your request is approved.

Your participation in the pool will not guarantee that you may withdraw hours from the pool; however, if your sick leave request is approved, you may be granted a maximum of 160 hours (20 workdays) from the pool for any one request--up to 480 hours (60 workdays) during any fiscal year. Pool benefits are coordinated with any and all disability insurance benefits an employee may be receiving (such as workers' compensation), and an employee may not receive more than his or her current salary after all benefits are applied.

These hours will be awarded in lump sum amounts. You will not be asked to replace any hours used from these awarded amounts; however, any hours not used because of your return to employment, termination, etc., must be given back to the pool.

Any hours that need to be returned will be transferred from your individual sick leave account.



## **What happens if the committee denies my request to withdraw sick leave from the pool?**

If the committee denies your request to withdraw sick leave from the pool, you may appeal that decision first to the committee and then to the sick leave pool appeals board. The appeals board is composed of the provost and vice presidents from each area of campus--or their designees--as well as the Vice President for Human Resource Services. The appeals board's decision about your request will be final.

## **How do I cancel my membership?**

You may cancel your membership in the sick leave pool at any time by notifying the sick leave pool administrator *in writing*. Any hours you have contributed will remain in the pool.

If you retire, transfer, resign, or are terminated from University of Florida employment, you also will be terminated from the pool, effective on the date of the personnel action. The hours you have contributed to the pool will remain in the pool to meet future demands on the pool.

**Still have questions? Please contact UFHR Benefits at (352) 392-2477 or via e-mail at [central-leave@ufl.edu](mailto:central-leave@ufl.edu)**



**University of Florida's Sick Leave Pool  
APPLICATION FOR MEMBERSHIP**

**SICK LEAVE POOL  
OPEN ENROLLMENT  
DATES ARE  
OCTOBER 1-31**

**I am formally requesting membership in the University of Florida's Sick Leave Pool.  
I understand and agree to the following:**

1. Upon acceptance for initial membership, eight hours of leave\* will be deducted from my sick leave balance. I may be asked to contribute another 8 hours of leave if the pool balance ever is reduced to 2000 hours; however, I will not be asked to contribute more than 16 hours (in 8-hour increments) per fiscal year.\* Further, I understand this additional deduction will occur unless I inform the administrator, in writing, within ten workdays of the date I am notified of the need for additional deduction, of my wish to discontinue membership.
2. A maximum of 160 hours or 20 days\* of pool hours may be granted to me for any one request if I become catastrophically ill or injured and have exhausted all of my sick, vacation, and compensatory leave (as applicable). My request for sick leave pool hours must be made in writing to the sick leave pool administrator by my representative or me each month that I am ill. I understand that I may request up to 480 hours\* from the University of Florida's sick leave pool per fiscal year.
3. Pool payments will be coordinated with any and all disability insurance benefits I may accrue, and I will not receive more than my current salary after all benefits from applicable programs are applied.
4. I must provide proper verification as required by the University of Florida's sick leave pool committee before I will be granted sick leave benefits. I further understand that while every reasonable effort is made to protect confidentiality, the sick leave pool committee is subject to the Florida Government in the Sunshine Law. As a result, confidentiality of information provided to the committee cannot be guaranteed.
5. I have the right to appeal the sick leave pool committee's decision to deny my request for sick leave hours to the appeals board. I understand that the appeals board's decision will be final and binding.
6. My participation in the pool is at all times voluntary, and I may request in writing, at any time, that my membership be canceled. I understand that any hours I have contributed will remain in the pool upon cancellation of membership or termination of employment.
7. I acknowledge the granting of sick leave pool hours in no way limits the University's rights to proceed with any employment or disciplinary action. Should I transfer, retire, resign or be terminated from University of Florida employment, I understand I will be terminated from the sick leave pool on the date of the personnel action, and any unused hours will be returned to the pool, and that I will not receive any payment for unused hours.

\*These figures pertain to full-time employees. Figures for part-time employees will be authorized on a pro-rated basis.

**Please complete the following--Please print:**

Last Name:	First:	M.I.:
UFID Number:	Date of Hire:	FTE:
Campus Address:	Dept ID# & Name:	
Work Telephone Number:	Home Telephone Number:	
<b>Employee's Signature:</b>		<b>Date:</b>

**To be completed by the UF Benefits sick leave pool administrator. Your application is:**

- Approved. I certify that, as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_, the above individual has \_\_\_\_\_ hours of sick leave and that \_\_\_\_\_ sick leave hours have been deducted from his/her balance and contributed to the University of Florida's sick leave pool.
- Not Approved. Your application was not approved because \_\_\_\_\_

**Sick Leave Pool Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return form to **CENTRAL-LEAVE@UFL.EDU** OR FAX TO **(352) 392-5166**  
or mail to **UFHR Benefits / P.O. Box 115007 /Gainesville, FL 32611-5007**