

## Texas Department of Criminal Justice Sick Leave Pool Application for Withdrawal

NAME: \_\_\_\_\_ SSN : \_\_\_\_\_  
 Please Print: Last First MI

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

POSITION TITLE: \_\_\_\_\_ SALARY GROUP: \_\_\_\_\_

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, 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 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 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  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 or Department Medical File (Sick Leave Related Section)
- Copy: Employee