



COPPELL INDEPENDENT SCHOOL DISTRICT

Sick Leave Pool Application

Name Employee ID # Date

Position/Assignment Campus/Department

I have ( ) or have not ( ) received an award from a Sick Leave Pool for this same catastrophic condition prior to this request. (check one)

Reason for Requesting Sick Leave Pool Days

Family Member's Name: Relationship to Employee: Must be immediate family member for the sick leave pool

For purposes of the Sick Leave Pool, pregnancy and elective surgery are not considered catastrophic conditions, except when life-threatening complications arise from them

I have (or will have) used all my available state personal and local sick leave days for this year.

Number of days requested from the Sick Pool:

Pool days should begin on this date :

The above requested days are needed for the reason of illness, event or injury as described below:

Three horizontal lines for describing the reason for illness, event or injury.

Signature Date

NO INCOMPLETE APPLICATION WILL BE REVIEWED WITH THE COMMITTEE.

Please return this form to Kristine Long, Substitute and Leave Specialist at klong@coppellisd.com or return it to the Vonita White Administration Building at 200 S. Denton Tap Road Coppell, Texas 75019

