PANOLA COLLEGE
Application for Sick Leave Pool Days

Name: ____________________________________________________________

Requested leave is for: Self ___ Family Member: ___

If for family member, state relationship: ____________________________

Expected dates of absence: From __________________ To ________________

Nature of Injury/Illness: __________________________________________

________________________________________

Period of Time under Physician’s Care: ____________________________

Employee Signature ___________________________________ Date ______

Human Resources Office ________________________________ Date ______