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