

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