

NAVARRO COUNTY, TEXAS REQUEST FOR POOL LEAVE

This form should be used to make application for the use of paid leave time from the Navarro County Sick Leave Pool.

SECTION I: (To be completed by employee requesting Pool Leave)

NAME

SSN

DEPARTMENT

Last date employee physically on duty _____

Date employee exhausted all paid leave _____

Sick leave pool time requested _____

Leave without pay (if any) from _____ to _____

THIS REQUEST MUST BE ACCOMPANIED BY A CERTIFICATE OF ILLNESS/INJURY _____

SIGNATURE OF REQUESTING EMPLOYEE

DATE

SIGNATURE OF DEPARTMENT HEAD

DATE

SECTION II: (To be completed by the Pool Administrator)

Approved No. Days _____

Denied

SIGNATURE OF POOL ADMINISTRATOR

DATE

**NAVARRO COUNTY, TEXAS
CERTIFICATION OF ILLNESS/INJURY**

This form must accompany the *Request for Pool Leave* form.

SECTION I: (To be completed by employee requesting Pool Leave)

NAME

SSN

DEPARTMENT

I authorize the physician or other licensed medical practitioner to provide medical information about the patient to Navarro County.

SIGNATURE OF REQUESTING EMPLOYEE

DATE

SECTION II: (To be completed by physician or other licensed medical practitioner)

Date of onset of illness or injury _____

Date which employee was first unable to work due to this illness/injury _____

If surgery was required, give date _____

Describe illness or injury (describe surgical procedure, if applicable)

Prognosis: _____

Date this employee should be able to return to work _____

Restrictions (if any) _____

PRACTITIONER'S NAME (please print or type)

ADDRESS (street, city, zip)

SIGNATURE - PHYSICIAN/LICENSED PRACTITIONER

TELEPHONE NO.

DATE