

F.O.P. LEAVE POOL
REQUEST FOR PAID LEAVE

TO: Chair, F.O.P. Leave Pool Committee

FROM:

DATE:

I, _____, request to use _____ days from the
F.O.P. leave pool. I am requesting this paid leave because (illness/injury):

I will be without paid leave for the above-described illness/injury beginning:

I understand that the F.O.P. Leave Pool Committee makes the final determination as to my eligibility to receive paid leave from the pool and as to how many days will be granted. I further understand that the Committee's decision is not grievable.

Signature: _____ Social Security No. _____

Date: _____ Bargaining Unit: _____

I wish to appear in front of the committee: YES NO

For Committee use only

F.O.P. LEAVE POOL COMMITTEE ACTION: Meeting Date: _____

Request Approved: _____ Denied: _____

Member advised of FMLA Requirements ☐ Yes ☐ No

Reasons for Denial (if applicable):

cc: Human Resources; Chief of Police; F.O.P. Supervisors; F.O.P. 10; CPD Payroll; City Payroll