MEMORANDUM

DATE: March 21, 2017

TO: Sick Leave Pool Members

FROM: Beverly Jerry, USF Attendance & Leave Administrator

SUBJECT: Sick Leave Pool Replenishment

USF makes every attempt to continue and preserve the Sick Leave Pool (SLP) benefit for employees. In accordance with the SLP procedure, one of the responsibilities of SLP membership is to contribute additional hours to replenish the balance when it nears or falls below the designated level. While this occurrence is rare, the balance recently fell to the level that requires replenishment of hours from members in order to bring the pool back to a secure balance.

What does this mean for members of the Sick Leave Pool?

- If you wish to continue your membership in the SLP:
  - Full-time employees will be required to contribute 8 hours of sick leave;
  - Part-time employees will be required to contribute a pro-rated number of sick leave hours based on FTE.
- This required number of sick leave hours must be available by Thursday, April 6, 2017.
- No forms or actions are required on your part if you wish to remain in the program;
- If no action is taken to cancel membership, the required sick leave hours will be automatically deducted from your accrued balance on Thursday, April 20, 2017 by HR.
- If you do not want to contribute the additional hours and therefore wish to cancel your membership, you must complete the SLP Cancellation Request Form noted below and return it to your Departmental Leave Coordinator for processing no later than Friday, March 31.
- If you are currently using SLP hours and don’t have enough hours to contribute, upon your return to work HR will monitor and deduct sick leave accrued hours as earned until all hours have been contributed.

If you have any questions regarding the replenishment requirements under USF’s SLP, please contact your assigned Departmental Attendance and Leave Coordinator.

Sick Leave Pool Cancelation Request

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<thead>
<tr>
<th>Name of Member</th>
<th>Employee ID #</th>
<th>FTE</th>
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<tbody>
<tr>
<td>College/Division</td>
<td>A&amp;L Coordinator name and campus extension</td>
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_______ Cancel my membership

Employee Signature: ________________________________