

Sick and /or Family Leave Pool Donation Form



Leave Pool Donations are unlimited and are made in 8-hour increments. Donations are strictly voluntary. The hours donated cannot be designated to a specific employee nor can they be restored to the donating employee. Under Texas law, family and sick leave pools are separate, therefore the donations must be specifically designated.

Name: _____

Sam ID: _____

Job Title: _____

Department: _____

I, the above-named employee, wish to contribute

_____ hours of my accrued sick leave to the Sick Leave Pool effective _____.

OR

I, the above-named employee, wish to contribute

_____ hours of my accrued **sick** leave to the Family Leave Pool effective _____.

_____ hours of my accrued **vacation** leave to the Family Leave Pool effective _____.

OR

I, the above-named employee, am separating from the university on _____. I wish to contribute upon my separation

_____ percent my balance or _____ hours of accrued **sick** leave to the Family Leave Pool.*

***I acknowledge that if I am not retiring and I transfer to another Texas state agency or secure employment with a Texas State Agency within twelve months, any *undonated* sick leave would be restored to me.**

_____ percent of my balance or _____ hours of accrued **vacation** leave to the Family Leave Pool.* *

****I acknowledge any *undonated* vacation leave will be paid to me on the next payroll date after separation.**

Employee Acknowledgement & Signature

I understand Leave Pool Donations are strictly voluntary and that my contribution cannot be restored.

Employee: _____

Date ____/____/____

Comments: