

Sick Leave Pool Returned Hours Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact hrcompbenefits@tamu.edu or (979) 862-1718.

INSTRUCTIONS This form is used by departments to return unused sick leave pool hours. **Administrators are responsible for deducting employee pool hour balances.**

Employee Name	UIN
Department	Campus Mail Stop
Date employee returned to work or became ineligible for Sick Leave Pool:	
Sick Leave Pool Hours <i>returned</i> :	
Comments:	

Department Head Signature

Date

Employee Signature (if available)

Date

<p>SUBMIT FORM TO: Benefits Services hrcompbenefits@tamu.edu (as attachment) or Fax (979) 847-8546</p>	<p>FOR ASSISTANCE: Benefits Services (979) 862-1718 hrcompbenefits@tamu.edu</p>
<p>PLEASE DO NOT SUBMIT HARD COPY</p>	