

Sick Leave Pool Donation 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 employees to donate unused sick leave hours to the sick leave pool. **Administrators are responsible for deducting the donated hours from the employee's sick leave balance.**

Employee Name (printed)	UIN
Department	Mail Stop
Number of hours donated (must be in eight-hour increments if <i>not</i> leaving Texas A&M University)	
Please check if leaving Texas A&M University <input type="checkbox"/> Yes <input type="checkbox"/> No	

There is no restriction on the number of hours an employee may donate to the Sick Leave Pool.

I, the undersigned employee, understand

- my donation is strictly voluntary and my donated hours are no longer my property right;
- I may retrieve my donated hours under certain circumstances; and
- my donated hours may not be restored if I obtain future state employment.

Employee Signature

Date

I certify that this employee's sick leave balance has been reduced by the above amount:

Department Head Signature

Date

Department Head Name (printed)

Department Contact Signature

Date

Department Contact Name (printed)

Department Contact Telephone #

SUBMIT FORM TO:
Total Compensation
Please do not submit hard copy
FAX: (979) 847-8546
or
hrcompbenefits@tamu.edu (as attachment)

FOR ASSISTANCE:
Benefits Services
(979) 862-1718
hrcompbenefits@tamu.edu