



## 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](mailto: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:	

\_\_\_\_\_  
Human Resources Liaison or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature (if available)

\_\_\_\_\_  
Date

<p><b>SUBMIT FORM TO:</b> Benefit Services <a href="mailto:benefits@tamu.edu">benefits@tamu.edu</a> (as attachment) or Fax (979) 862-3128</p>	<p><b>FOR ASSISTANCE:</b> Benefit Services (979) 862-1718 <a href="mailto:benefits@tamu.edu">benefits@tamu.edu</a></p>
<p><b>PLEASE DO NOT SUBMIT HARD COPY</b></p>	