



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 benefits@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.**

Mr. <input type="checkbox"/>			
Ms. <input type="checkbox"/>	First Name (printed)	Last Name (printed)	UIN
Mail Stop	Department	Sick Leave Hours Donated*	<input type="checkbox"/> Yes <input type="checkbox"/> No Leaving Texas A&M University?

*Must be in 8-hour increments if not leaving Texas A&M University employment.

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

I, the undersigned employee, understand that my donation to the pool is strictly voluntary. I may ask for a return of these hours if 1) I previously donated hours to the Texas A&M component and I am currently employed by that component, 2) I have exhausted my accrued sick leave, **and** 3) I currently have a non-catastrophic illness or injury.

Employee Signature

Date

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

Department Head or Designee Signature

Date

Department Contact Signature

Date

Phone

SUBMIT FORM TO:
Benefit Services
Please do not submit hard copy
Fax (979) 862-3128
or
benefits@tamu.edu (as attachment)

FOR ASSISTANCE:
Benefit Services
(979) 862-1718
benefits@tamu.edu