



Division of Human Resources & Organizational Effectiveness

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 Leave@tamu.edu or (979) 862-1720.

INSTRUCTIONS This form is used by employees to donate unused sick leave hours to the sick leave pool. Employees should provide their completed form to their department's HR Professional or HR Contact. The HR Professionals and HR Contact **are responsible for deducting the donated hours from the employee's sick leave balance.** After making the Workday Adjustment, the HR Contact will forward the completed form to Leave@tamu.edu

Mr. <input type="checkbox"/>		
Ms. <input type="checkbox"/>	First Name (printed)	Last Name (printed)
UIN	<input type="checkbox"/> TAMU <input type="checkbox"/> Texas A&M Health <input type="checkbox"/> Galveston	Department
Sick Leave Hours Donated*	Leaving Texas A&M University? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of termination (MM-DD-YY) _____	

*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 within 12 months 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 (required)

Date

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

Department HR Contact Name (printed)

Department HR Contact Signature

Date

Phone

Departments will SUBMIT FORM TO:

Leave@tamu.edu

In the subject line show:

Sick Leave Pool Donation and Employee's name

FOR ASSISTANCE:

Leave Administration
(979) 862-1720 | Leave@tamu.edu