



Family Leave Pool Withdrawal Request 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 (979) 845-2423.

Employee Name	UIN	Department/Unit
Number of hours requested:		
I expect to exhaust my compensatory, sick and vacation leave as of _____ (time) on _____ (date).		

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87th Legislature), I request hours from the Family Leave Pool from the agency indicated for the following reason (check as appropriate).

Texas A&M University (TAMU)

Texas A&M Health Science Center (TAMHSC)

Texas A&M Galveston (TAMUG)

Select the reason(s) for your request and note the associated required document.	Required Document
<input type="checkbox"/> Birth of a child	Medical Certification
<input type="checkbox"/> Bonding with a child for the first year after the child's birth	Medical Certification
<input type="checkbox"/> Placement of a foster child or adoption of a child ages 3 - 18 years of age	Legal or foster/adoption agency documents
<input type="checkbox"/> Placement of any person 18 years of age or older requiring guardianship	Legal document
<input type="checkbox"/> Serious illness of the employee or to an immediate family member of the employee Family Member Name _____ Relation _____	Medical Certification
<input type="checkbox"/> Previous donation of time to the family leave pool	

- I understand that Family Leave Pool must be used for reasons permitted in accordance with System Regulation [31.06.03 Family Leave Pool Administration](#).
- I understand that failure to provide proper documentation, if applicable, may impact my ability to receive Family Leave Pool and that timeliness in providing the documentation is necessary.
- I understand that hours granted contingent on qualification as a medical emergency may only be used related to absences qualified under the approved certified medical illness or condition. Contingent hours may not be used for any other purpose including absences regularly permitted in accordance with System Regulation [31.03.02 Sick Leave](#) and it is my obligation to ensure proper usage of Family Leave Pool only for the certified condition.
- I understand that Family Leave Pool does not transfer to another state agency, cannot be paid to my estate, does not qualify for retirement service credit, and is not eligible for restoration upon re-employment.
- I understand that my employing department will be notified that I have accepted Family Leave Pool.

Employee Signature

Date

FOR OFFICE USE:

Date form initially received: _____

Medical Emergency Qualification Determination: Yes, (tax-exempt pool) No (taxable pool)

Medical Certification Received: Not applicable No Yes, Date received: _____

Medical condition certified through date (if applicable) _____ (recertification required beyond stated date)

Family Leave Pool Withdrawal Determination:

Yes, eligible to receive donation (Number of hours added _____ Date Processed _____)

Not eligible because:

- Recipient has current leave balance Family Leave Taxable Pool has a zero balance
- Recipient is or may be eligible to apply for sick leave pool Family Leave Tax-Exempt Pool has a zero balance
- Contingent donation with medical documentation not received/supported

Family Leave Administrator/Human Resources Signature

Date

SUBMIT FORM TO:
Leave@tamu.edu

In the subject line show:
Family Leave Pool Request and Employee's Name

For Assistance
Leave Administration
(979) 862-4027