



Texas A&M University Health Science Center
Sick Leave Donation Form

(8/15)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

DONATING EMPLOYEE

Name _____ UIN _____ Department _____

Number of hours donated: _____

Note: This form is used by employees to donate unused sick leave hours to another employee. Employees may donate any amount of their accrued sick leave to another employee within the same system member. The receiving employee must have exhausted all sick leave, including any time s/he may be eligible to withdraw from the sick leave pool. Sick leave pool hours must be requested before the hours are needed or as soon as possible. State law prohibits the retroactive granting of sick leave or sick leave pool hours.

In making this decision I understand that this donation is:

- strictly voluntary,
- for use by the eligible employee stated below,
- no longer my property right and that my sick leave balance will be reduced by a corresponding amount, and
- will not result in me receiving remuneration or a gift in exchange for a sick leave donation.

Employee signature _____
Date

Department Head signature _____
Date

RECEIVING EMPLOYEE

Name _____ UIN _____ Department _____

I certify that this employee has exhausted all earned sick leave including any time s/he may be eligible to withdraw from the sick leave pool.

Department Head signature (of employee receiving the sick leave donation) _____
Date

Number of hours added: _____ Date Added: _____

Central Leave Administrator (HSC Payroll/HR Services) signature _____
Date