

**TEXAS A&M UNIVERSITY - TEXARKANA
SICK LEAVE POOL
DONATION FORM**

Name

Universal Identification Number

Adloc

| | |
|--|--|
| NUMBER OF HOURS DONATED: (in whole-day increments) | <input style="width: 90%; height: 20px;" type="text"/> |
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NOTE: Employees may donate one day or more of their accrued sick leave. Contributions of more than one day will be in one-day increments. Retiring and terminating employees may also donate sick leave to the pool. Employees leaving employment can donate part or all of their accrued sick leave to the sick leave pool. However, employees returning to state employment after 30 calendar days, but within 12 months, will not have any donated time restored to their sick leave balances.

In making this donation I understand that it is: (1) strictly voluntary, (2) for use by any eligible TAMU-T employee, and I may not stipulate who may receive this donation, and (3) it is no longer my property right and my sick leave balance will be reduced by a corresponding amount of time.

Employee Signature

Date

I certify that this employee's sick leave balance has been reduced by the amount donated to the sick leave pool.

Payroll/Leave Coordinator

Date

I certify that the sick leave pool balance has been increased by the number of hours donated by the employee.

Payroll/Leave Coordinator

Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.