

Sick Leave Donation to an Individual - Recipient Form

In accordance with the Sick Leave Donation (SLD) rules, I accept donated hours to be added to my leave balances for use as sick leave. *(check applicable box below)*

Yes, I accept donated sick leave hours. _____ *(initial)*

No, I do not accept donated sick leave hours. _____ *(initial)*

- I understand this acceptance/declination form is good for twelve (12) months from the date of signature unless I otherwise notify Human Resources in writing of my desire to change my acceptance/declination decision.
- I understand that donated sick leave must be used for reasons permitted in HOP-5-4210, Sick Leave. However, unlike accrued Sick Leave, donated Sick Leave will not transfer to another state agency, is not eligible for restoration upon re-employment nor is it eligible for payment to an estate upon death.
- I understand that if my need for leave is Sick Leave Pool (SLP) eligible, I must apply for SLP and if approved, exhaust my SLP award prior to accepting and using leave donated to me as part of the Sick Leave Donation (SLD) program.
- I understand that my Family and Medical Leave Act (FMLA) entitlement will run concurrently with any FMLA eligible leave including hours accepted as part of the SLD program.
- I understand that my supervisor/manager will be notified that I have accepted donated Sick Leave.
- By signing this form, I attest that I have not been directly or indirectly intimidated, threatened, or coerced by any other employee in connection with this sick leave donation.
- By signing this form, I attest that I have not and will not receive or give any financial payment (remuneration) or gift in exchange for this donation.
- By signing this form, I attest that I will fulfill the responsibilities set out by the rules and procedures of the SLD program. If I do not, I may be subject to disciplinary action, up to and including termination of employment.

Printed Name of **Recipient Employee**

Recipient Employee ID # (EID)

Signature of **Recipient Employee**

Date

SLD will not be processed without a signature. Submit completed form to HR Benefits and Leave Management via email at HRS-LM@austin.utexas.edu or by fax to 512-471-7008.

Sick leave donation to an individual is different than Sick Leave Pool (SLP). For information about the SLP program, visit hr.utexas.edu/current/leave/pool.html