

Texas A&M International University Sick Leave Pool Donation Form

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

INSTRUCTIONS: This form is used by employees to donate unused sick leave hours to the Sick Leave Pool. **Human Resources is responsible for deducting the donated hours from the employee's sick leave balance.**

Name: _____ **UIN:** _____ **Department:** _____

DONATION: _____ (←Number of hours to be donated, in whole-day/8-hour increments).

In making this decision, I understand that:

- my donation is strictly voluntary;
- my donation is for use by any eligible employee and I may not stipulate who may receive this donation;
- my donation is no longer my property right and that my sick leave balance will be reduced by a corresponding amount;
- I may retrieve my donated hours under certain circumstances; and
- my donated hours may not be restored if I obtain future state employment.

Employee Signature

Date

Employee Name (printed)

APPROVAL (FOR HR USE ONLY):

_____ (←Number of hours donated to the Sick Leave Pool).

Sick Leave Pool Administrator Signature

Date

Sick Leave Pool Administrator Name (printed)

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

Department Head Signature

Date

Department Head Name (printed)

PLEASE SUBMIT FORM TO:

Office of Human Resources
KL 158

FOR ASSISTANCE WITH COMPLETING THIS FORM:

Office of Human Resources
(956) 326-2365
hr@tamiu.edu