

To be completed by Employee donating sick leave:

Donor Name	Donor Employee ID	<u>Select Agency:</u> <input type="checkbox"/> UNT Denton <input type="checkbox"/> UNT Dallas <input type="checkbox"/> UNT HSC <input type="checkbox"/> UNT System
Recipient Name	Recipient Employee ID:	<u>Select Agency:</u> <input type="checkbox"/> UNT Denton <input type="checkbox"/> UNT Dallas <input type="checkbox"/> UNT HSC <input type="checkbox"/> UNT System

In accordance with the Sick Leave Donation policy, I authorize a direct donation of my accrued sick leave to the recipient indicated above.

I am requesting to donate _____ hours of my accrued Sick Leave.

- In making this decision any medical or personal information shared with me by the recipient will remain confidential.
- I have not been directly or indirectly intimidated, threatened, or coerced by the **recipient** or any individual in connection with this sick leave donation.
- I have not and will not receive any financial payment (remuneration) or gift in exchange for this donation.
- I have read the Sick Leave Donation policy.
- I have read the Sick Leave policy.

Employee Signature Required (Donor)

Date

HR Benefits Department Use Only		
Current Recipient Sick Leave Balance	Hours:	As of:
Practitioner certified dates for Continuous Leave	From:	To:
Practitioner certified dates for Intermittent Leave	From:	To:
Reason Denied: <input type="checkbox"/> Recipient is eligible for SLP <input type="checkbox"/> Employee has enough accruals <input type="checkbox"/> Missing Recipient/Medical Certification <input type="checkbox"/> Sick leave hours not available	By:	Date:
Notifications sent by:		Date:
Time & Labor Department Use Only		
Hours Donated:	Recipient Employee ID:	
Completed by:	Date:	

Submit completed forms to: UNT System Human Resources Benefits Department
 Fax: (940) 369-5530, Email: FMLA@untsystem.edu
Need Help? Call (940) 369-7650, option 5