

UNIVERSITY OF NORTH TEXAS
Human Resources Department
Sick Leave Pool Donation Form

Name _____ Employee ID # _____
Department _____ Job Title _____

DONATION – ACTIVE EMPLOYEES ONLY

I wish to contribute _____ (number) hours of sick leave to the Sick Leave Pool.

Note: Active (retirement-eligible) employees may donate unlimited hours of sick leave per fiscal year.

In making this donation, I understand that it is:

strictly voluntary,

for use by any eligible employee and I may not stipulate who may receive this donation, and

no longer my property right and that my sick leave balance will be reduced by a corresponding amount.

Annual Donation Option: I elect to have this contribution made annually on September 1 of each year until I cancel this option.

“ Yes “ No

Employee's Signature

Date

DONATION – SEPARATION FROM SERVICE OR RETIREMENT OPTION

Upon my termination date of _____ I wish to contribute:

_____ **the balance of my sick leave OR**

_____ **(number) hours of sick leave.**

In making this donation I realize that if I return to employment with a Texas state agency or institution of higher education within one year of my separation date after there has been a break in service of at least one month from termination, I will not be able to reinstate the donated sick leave hours.

Employee's Signature

Date

CANCEL DONATION

Please cancel my request for annual donation to the Sick Leave Pool effective immediately. I understand no further contributions will be deducted from my sick leave until a new request form is signed.

Employee's Signature

Date