



Sick Leave Donation / Sick Leave Pool Donation Form

Sick Leave Donation

In accordance with the **Sick Leave Donation** policy: By signing this donation, I acknowledge and agree to the terms of the Sick Leave Donation policy and understand that the donation is voluntary and all hours are irrevocable. Sick Leave Donation Policies below:

[UNT](#)

[UNT Dallas](#)

[UNT HSC](#)

[UNT System](#)

Donor Name:	Donor Employee ID:
Receiving Employee Name:	Receiving Employee ID:
Number of hours donated:	
Donor Signature:	Date:
Company: UNT <input type="checkbox"/> UNT Dallas <input type="checkbox"/> UNT HSC <input type="checkbox"/> UNT System <input type="checkbox"/>	

Sick Leave Pool

In accordance with the **Sick Leave Pool** Donation policy: I understand that this donation is strictly voluntary and for the use of any eligible employee. Any stipulations of designating the hours are prohibited and are irrevocable once donated. Sick Leave policies below:

[UNT](#)

[UNT Dallas](#)

[UNT HSC](#)

[UNT System](#)

Donor Name:	Donor Employee ID:
One time donation of:	
Annual donation of:	
Cancel annual donation of:	Effective Date:
Donor's Signature:	Date:
Company: UNT <input type="checkbox"/> UNT Dallas <input type="checkbox"/> UNT HSC <input type="checkbox"/> UNT System <input type="checkbox"/>	

Please submit completed form to UNT System Human Resources Benefit Department

Email: FMLA@UNTSystem.edu or fax to 940-369-5697

If further assistance is needed, please call 940-369-7650, option 5 or Toll Free at 855-868-4357, option 5