

Sick Leave Pool Form

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

Name: <input style="width: 90%;" type="text"/>	UIN: <input style="width: 90%;" type="text"/>
Division: <input style="width: 90%;" type="text"/>	Mail Stop: <input style="width: 90%;" type="text"/>

DONATION:

Note: Employees may donate an unlimited amount of accrued sick leave each fiscal year. Donations must be made in eight-hour increments. Retiring and terminating employees may also donate sick leave to the pool, to include their full available balance in eight-hour increments. However, employees returning to state employment within 12 months (and after at least 30 calendar days if returning to the same institution or agency) will not have any donated time restored to their sick leave balances.

- Employee is terminating employment from the Texas A&M University System
- Employee is retiring from The Texas A&M University System
- Employee will continue to work but is making a voluntary donation

In making this donation, I understand that it is:

- *Strictly voluntary;
- *For use by an eligible employee and I may not stipulate who may receive: and
- *No longer my property and my sick leave balance will be reduced by a corresponding amount.

Hours donated <small>(must be in 8-hour increments)</small>	<input style="width: 90%;" type="text"/>	<hr/> <i>Employee Signature & Date</i>
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WITHDRAWAL:

Note: Sick Leave Pool request are administered through System Policy 31.05 Sick Leave Pool and System Regulation 31.06.01 Sick Leave Pool Administration. Policy prohibits Sick Leave Pool time from being used in conjunction with a Worker's Compensation Claim. *Request for Sick Leave Pool requires a physician certification. Please submit appropriate medical certification form with request.*

Reason for Request:

- Catastrophic illness or injury of employee
- Catastrophic illness or injury of immediate family member:

Family Member Name: *Relationship to employee:*

- Non-catastrophic illness or injury (If employee made prior donation this fiscal year and subsequently exhausted all leave).

I expect to exhaust my sick and annual leave and any available compensatory time as of: Time: Date:

Hours Requested	<input style="width: 90%;" type="text"/>	<hr/> <i>Employee Signature & Date</i>
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Approvals (For Office Use Only)

By signing this document, the department approves and supports this request.

- I certify employee has/will exhaust available leave on above date
- I certify employee has/will miss 160 hours due to condition on:

Time: Date:

- Employee received FMLA paperwork & if eligible FMLA expires on:

Time: Date:

Hours Approved by Dept:

Hours granted in LeaveTraq by SLP Administrator

LeaveTraq Departmental Administrator Signature & Date

Division/Department Head Signature & Date

Sick Leave Pool Administrator Signature & Date

Return completed form to TEES Personnel Services MS-3467