Texas A&M University-Kingsville
Family Leave Pool Donation - Donor Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact (979) 458-6169.

Donor Name	Donor UIN	Donor's Department

Sick Hours Donated: _____

Vacation Hours Donated: _____

One day (8 hours) minimum donation required for processing.

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87th Legislature), I authorize a donation of my accrued sick and/or vacation. In making this decision:

- I understand donations are strictly voluntary and available for use by any eligible employee,
- I understand that donated sick and/or vacation leave will no longer be my property right and will be deducted from my sick and/or vacation leave balance accordingly. I further understand that this decision is irrevocable and donated sick and/or vacation leave will not be returned to me,
- I understand State law expressly prohibits me from receiving remuneration or a gift in exchange for donating sick and/or vacation leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation,
- I understand that the value of the donated sick and/or vacation leave *may* invoke tax consequences,
- In recognition of the above information, I agree to proceed with my donation: *(Check the applicable box below)*

☐ **I wish for the donation to be applied to the tax exempt Family Leave Pool.**

☐ **I wish for my donation to be applied to the <u>taxable</u> Family Leave Pool. (**I understand that a taxable donation, in accordance with IRS policy, is includable in my gross income, and will be treated as wages for employment tax purposes. Such wages will be considered a lump-sum payment and subject to 25% income tax, Medicare, and applicable social security withholdings. I acknowledge that I am encouraged to consult a tax advisor.)

_____   _____
Employee Signature (Donor)   Date

HR OFFICE USE:

I certify the donor is eligible to donate the accrued leave stated above.

☐ Sick Leave Donation (Number of hours removed_____ Date Processed _____)

☐ Vacation Leave Donation (Number of hours removed_____ Date Processed _____)

Donation applied to:
☐ Tax-exempt Pool (Number of hours added   )   ☐ Taxable Pool (Number of hours added   )

_____   _____
Family Leave Pool Administrator/Human Resources Signature   Date