

The Texas A&M University System

HR 27 (11/19)

Sick Leave Pool Form

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

Name \_\_\_\_\_ UIN \_\_\_\_\_ Department \_\_\_\_\_

DONATION

Number of hours donated (in whole-day increments): \_\_\_\_\_

Note: Employees may donate an unlimited amount of their accrued sick leave each fiscal year. Donations must be made in 8-hour increments. Retiring and terminating employees may also donate sick leave to the pool. 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.

In making this decision 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.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that this employee's sick leave balance has been verified and the remaining balance may be donated to the sick leave pool.

Department Head signature \_\_\_\_\_ Date \_\_\_\_\_

WITHDRAWAL

Number of hours requested: \_\_\_\_\_

Sick leave pool withdrawals should be requested as soon as the need becomes apparent. Pool hours cannot be awarded retroactively.

Purpose:

Catastrophic illness or injury. I expect to exhaust my sick and vacation leave and compensatory time as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date). I expect to have missed 80 hours of work due to this illness or injury as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date). Attached is a physician's statement stating the nature and expected duration of the illness or injury.

Noncatastrophic illness or injury. I have exhausted my sick leave and have contributed \_\_\_\_\_ hours to the sick leave pool.

Is this request a result of an on-the-job injury? \_\_\_\_\_ yes \_\_\_\_\_ no (Policy prohibits sick leave pool from being used in conjunction with a workers' compensation claim.)

If requesting time to care for an immediate family member:

Family member's name \_\_\_\_\_ Relationship \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that this employee has exhausted all earned sick and vacation leave and compensatory time as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date) and that the employee has missed 80 hours of work for this condition as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date).

Department Head signature \_\_\_\_\_ Date \_\_\_\_\_

Number of hours approved: \_\_\_\_\_ Comments: \_\_\_\_\_

Sick Leave Pool Administrator signature \_\_\_\_\_ Date \_\_\_\_\_