



Family Leave Pool Donation Form

In accordance with The University of Texas System Board of Regents' Rules and Regulations, Rule 30204, The University of Texas at Tyler Handbook of Operating Procedure, 4.18.10, and Texas Government Code 661.022, The University of Texas at Tyler has established a family leave pool program to provide additional leave for employees. More information about the Family Leave Pool can be found in the HOP4.18.10.

This form is used by employees to donate unused sick and/or vacation leave hours to the Family Leave Pool.

Employee Name	Emp ID	Department
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Check the applicable option and include the number of hours to be donated. Donations must be made in 8-hour increments. There are no restrictions on the number of hours an employee may donate to the Family Leave Pool.

FAMILY LEAVE DONATION: _____ I wish to donate _____ sick hours to the Family Leave Pool.
 _____ I wish to donate _____ vacation hours to the Family Leave Pool.

By signing below, I understand and agree to the following statements.

- I understand donations are strictly voluntary and available only for use by any eligible employee. I may not stipulate who may receive this donation.
- I understand that donated sick and vacation leave will no longer be my property right and will be deducted from my leave balance accordingly.
- I understand the donation is determined taxable. The dollar value of donated leave will be included in my income and appropriate payroll taxes will be withheld. The calculated tax is based on my compensation rate. I acknowledge that I am encouraged to consult a tax advisor.
- I further understand that this decision is irrevocable and donated leave will not be returned to me. (NOTE: Employees returning to state employment within 12 months will not have any donated time restored to their sick leave balances.)

I authorize the Office of Human Resources to deduct the specified hours from my leave balance(s).

Employee Signature

Date

HR OFFICE USE:	
I certify that the employee's leave balance has been reduced by the above amount and the donation has been reviewed to determine if taxable (form will be sent to payroll for tax purposes).	
_____ Human Resources Signature	_____ Date

FORM SUBMISSION
 Office of Human Resources | Fax (903) 565-5690 | hr.leaves@uttyler.edu |