



Direct Sick Leave Donation – Donor Form

Donor Name	Donor Emp ID	Donor 's Department	Donor's Email address
Recipient Name	Recipient's Emp ID	Recipient 's Department	Recipient 's Email address

In accordance with Sick Leave Donation as authorized by House Bill 1771, I authorize a direct donation of my accrued sick leave to the recipient indicated above. In making this decision:

- I understand donations are strictly voluntary and available only for use by the recipient once eligibility has been confirmed.
- I understand that donated sick leave will no longer be my property right and will be deducted from my sick leave balance accordingly. I further understand that this decision is irrevocable and donated sick leave will not be returned to me in the event the recipient is unable to utilize the approved donated sick leave.
- I understand State law expressly prohibits me from receiving remuneration or a gift in exchange for donating sick 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 dollar value of the donated sick leave will be reported on my income and the University will withhold taxes as law requires.

I wish to donate _____ sick hours to recipient named above.

Employee Signature (Donor)

Date

HR OFFICE USE:	
Sick Leave Donation Eligibility:	
<input type="checkbox"/> Yes, eligible to receive donation (Number of hours added _____ Date Processed _____)	
<input type="checkbox"/> Not eligible because:	
<input type="checkbox"/> Recipient has current sick leave balance	<input type="checkbox"/> Recipient has not exhausted all previously granted sick leave pool hours
<input type="checkbox"/> Recipient is or may be eligible to apply for sick leave pool	<input type="checkbox"/> Recipient has not exhausted all previously donated sick leave
<input type="checkbox"/> Contingent donation with medical documentation not received/supported	
_____ Human Resources Signature	_____ Date

FORM SUBMISSION

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