

Human Resources
Sick Leave Pool Contribution Form

I, _____, hereby voluntarily authorize UT Arlington to transfer _____ hours from my sick leave balance to the Sick Leave Pool.

Contributions to the Sick Leave Pool must be in eight (8) hour increments. The hours donated to the Sick Leave Pool will be deducted from the employee's sick leave balance and reported on the next Vacation/Sick Leave report.

The contribution form will need to be completed and signed in order to contribute hours to the pool.

An employee may request the return of sick leave hours donated within the same fiscal year if there is a need where employee, after exhausting current balance, does not meet the criteria for the award of Sick Leave Pool hours.

Signature of Contributor

Empl ID

Department Name

Department Extension

Date

Department Box Number

FOR HUMAN RESOURCES USE ONLY:

I certify that the employee named above has sufficient sick leave hours to make the donation to the Sick Leave Pool.

HUMAN RESOURCES REPRESENTATIVE SIGNATURE

Date

***Please note:** If you terminate employment with the University and are re-employed by another state agency within 12 months, any sick hours that were not donated to the Sick Leave Pool can be transferred to that agency.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.