

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) our 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

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

**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.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.