

SICK LEAVE POOL CONTRIBUTION FORM



NAME (Last, First Middle)	
UIN	DEPARTMENT

INSTRUCTIONS: Please indicate the total amount of hours you would like to donate in the space provided below. You may donate all or a specific amount of your sick leave balance. Sign and turn in to the HR Office.

In accordance with Texas A&M System Policy ([31.06.01 Sick Leave Pool Administration](#)),

I wish to contribute _____ hours to the Sick Leave Pool.

I understand this contribution:

- ✓ is strictly voluntary
- ✓ is no longer an entitlement
- ✓ will reduce my accrued sick leave balance by a corresponding amount
- ✓ is for use by an eligible employee
- ✓ does not stipulate who is to receive this contribution

EMPLOYEE SIGNATURE

Signature

Date

FOR OFFICE USE ONLY

SICK LEAVE HOURS	Accrual Balance <i>Before</i> Contribution	Accrual Balance <i>After</i> Contribution	Contribution Upon Termination
	_____	_____	
COMMENTS			

HUMAN RESOURCES

Signature

Date