



### SICK LEAVE POOL CONTRIBUTION FORM

NAME: \_\_\_\_\_ UIN: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DEPT/UNIT: \_\_\_\_\_ MAIL STOP: \_\_\_\_\_

**NOTE:** Employees must donate sick leave time in one-day increments, proportional to their percent effort. Retiring employees may donate time in whole-hour increments. It is recommended that active employees maintain a minimum balance of 160 hours for personal use. Under certain circumstances outlined in the System Regulation, hours donated to the pool may be restored to the employee.

*In accordance with System Regulation 31.06.01, Sick Leave Pool Administration, and the applicable procedure regarding sick leave pool administration, I wish to contribute \_\_\_\_\_ hours to the sick leave pool for:*

*Texas AgriLife Extension Service*

*Texas AgriLife Research/COALS*

*Texas Veterinary Medical Diagnostic Laboratory*

*I understand that this contribution:*

- *is strictly voluntary*
- *is no longer my property right*
- *will reduce my accrued sick leave balance by a corresponding amount*
- *is for use by an eligible employee and that I may not stipulate who is to receive this contribution*
- *will not be available to extend service credit (CSRS or TRS only)*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR CONTRIBUTION TO THE SICK LEAVE POOL.

**Instructions:** Employee—complete and sign above information. Employee or Dept. Leave Administrator (DLA)—send the signed form to the Leave Coordinator at AgriLife Payroll, 2147 TAMU, College Station, Texas 77843-2147, or fax to 979-845-9329, or (DLA) place in LaserFiche “Payroll—Work in Progress” folder. Direct questions to your Dept. Leave Administrator or phone Leave Coordinator at 979-845-2423.

Employee PIN: \_\_\_\_\_ Contributed upon: \_\_\_\_\_ Termination effective \_\_\_\_\_  
Retirement effective \_\_\_\_\_

I certify that: this employee has an accrued sick leave balance sufficient to contribute the amount specified above; the employee’s sick leave balance was reduced by \_\_\_\_\_ hours; and the Sick Leave Pool balance was increased by \_\_\_\_\_ hours.

Leave Coordinator Signature \_\_\_\_\_ Date entered: \_\_\_\_\_

Contribution approved                      Contribution disapproved

Comments: \_\_\_\_\_

Sick Leave Pool Administrator: \_\_\_\_\_ Date: \_\_\_\_\_