AG-433 (1/13/14)

Texas A&M AgriLife
Administrative Services – Human Resources

Sick Leave Pool Contribution Form

TO BE COMPLETED BY EMPLOYEE:

NAME:_____ **UIN:**_____

DEPT/UNIT: _____

NOTE: Employees may donate any accrued sick leave to the pool. Any donation to the pool will need to be in 8-hour increments. Retiring and terminating employees may also donate sick leave hours to the pool in 8-hour increments. Sick leave hours donated to the pool may only be restored under certain circumstances as outlined in the System Regulation, 31.06.01.

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 sick leave hours to the sick leave pool for:

☐ Texas A&M AgriLife Extension Service ☐ Texas A&M AgriLife Research/COALS ☐ Texas A&M Veterinary Medical Diagnostic Laboratory ☐ Texas A&M Forest Service

DONATION – NUMBER OF HOURS DONATED: _____ **(IN 8-HOUR/WHOLE DAY INCREMENTS)**

PLEASE CHECK ONE: ☐ I am an Active Employee ☐ I am Terminating ☐ I am Retiring

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 unless donation is made at time of retirement (CSRS)
- will not be available to purchase service credit at retirement (TRS)

EMPLOYEE SIGNATURE:_____ **DATE:**_____

Thank you for your donation to the Sick Leave Pool!

Submit form to AgriLife HR Leave Coordinator:
Fax to: 979-458-1046
Mail to: AgriLife HR Leave Coordinator
2147 TAMU, College Station, Texas 77843-2147
Scan in: LaserFiche "Payroll—Work in Progress" folder

FOR QUESTIONS: Call AgriLife's Human Resources Leave Coordinator at 979-845-2423

TO BE COMPLETED BY AGRILIFE HUMAN RESOURCES LEAVE COORDINATOR:

EMPLOYEE PIN: _____ **DATE TERMINATED:** _____ **DATE RETIRED:** _____

I certify: 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*

the Sick Leave Pool balance was increased by _____ hours*

*** the Sick Leave Pool only accepts hours donated in 8-hour increments.**

HR Leave Coordinator Signature: _____ **Date entered:** _____