

Texas A&M AgriLife  
 Administrative Services - Human Resources

## Family Leave Pool Donation - Donor Form

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact (979) 845-2423.

Employee Name	UIN	Department/Unit
Sick Hours Donated: _____ <i>Donations must be in 8-hour increments.</i> <i>One day (8 hours) minimum donation required for processing</i>		
Vacation Hours Donated: _____		

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87<sup>th</sup> Legislature), I authorize a donation of my accrued sick and/or vacation to the following pool:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Texas A&M AgriLife Extension Service | <input type="checkbox"/> Texas A&M AgriLife Research/COALS | <input type="checkbox"/> Texas A&M Veterinary Medical Diagnostic Laboratory | <input type="checkbox"/> Texas A&M Forest Service |
|---|--|---|---|

In making this decision:

- I understand donations are strictly voluntary and available for use by any eligible employee.
- I understand that donated sick and/or vacation leave will no longer be my property right and will be deducted from my sick and/or vacation leave balance accordingly. I further understand that this decision is irrevocable and donated sick and/or vacation leave will not be returned to me.
- I understand State law expressly prohibits me from receiving remuneration or a gift in exchange for donating sick and/or vacation leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation.
- I understand that the value of the donated sick and/or vacation leave *may* invoke tax consequences.
- In recognition of the above information, I agree to proceed with my donation: *(Check the applicable box below)*

I wish for the donation to be applied to the tax exempt Family Leave Pool.

I wish for my donation to be applied to the **taxable** Family Leave Pool. (I understand that a taxable donation, in accordance with IRS policy, is includable in my gross income, and will be treated as wages for employment tax purposes. Such wages will be considered a lump-sum payment and subject to 25% income tax, Medicare, and applicable social security withholdings. I acknowledge that I am encouraged to consult a tax advisor.)

\_\_\_\_\_  
 Employee Signature (Donor)

\_\_\_\_\_  
 Date

**SUBMIT FORM TO AGRILIFE HUMAN RESOURCES:**

Fax to: 979-458-1046  
 Scan in: Laserfiche "HR Work in Progress" folder  
 Mail to: AgriLife HR Family Leave Pool Administrator  
 2147 TAMU; College Station, TX 77843-2147

**FOR QUESTIONS CALL: 979-845-2423**

**TO BE COMPLETED BY AGRILIFE HR FAMILY LEAVE POOL ADMINISTRATOR:**

I certify the donor is eligible to donate the accrued leave stated above.

Sick Leave Donation (Number of hours removed \_\_\_\_\_ Date Processed \_\_\_\_\_  Vacation \_\_\_\_\_)

Leave Donation (Number of hours removed \_\_\_\_\_ Date Processed \_\_\_\_\_)

**Donation applied to:**

Tax-exempt Pool: Number of hours added: \_\_\_\_\_

Taxable Pool: Number of hours added: \_\_\_\_\_

\_\_\_\_\_  
 Family Leave Pool Administrator/Human Resources Signature

\_\_\_\_\_  
 Date