

Sick Leave Pool Voluntary Contribution Form

Name (please print)

Employee ID Number (if known)

Department

Telephone Extension

CURRENT EMPLOYEE SECTION

Number of hours I wish to contribute: _____

I understand that the number of hours shown above will be deducted from my present accrued sick leave balance and transferred into The University of Texas Health Science Center at San Antonio Sick Leave Pool. I may request to have these hours reinstated at a later date (but only during the fiscal year in which donated).

Signature

Date

Note: Sick leave contributed to the pool may not be designated for use by a particular employee.

Current Sick Leave Balance: _____

Verified by: _____ / _____
Authorized Department Official Date

TERMINATING EMPLOYEE SECTION

I understand that as a terminating employee, contributions to the Sick Leave Pool are encouraged by The University of Texas Health Science Center at San Antonio; however the contributions are strictly voluntary. Therefore, I wish to contribute the following number of hours.

Number of hours I wish to contribute: _____

I wish to contribute the balance: _____ / _____
Signature Date

NOTE: Sick leave contributed to the pool may not be reinstated or restored if re-employed.

OFFICE OF HUMAN RESOURCES USE:

Termination Date

Hours Verified by

Date

HR Initials

Date Deduction Made: _____ By: _____