

Texas Engineering Experiment Station/Look College of Engineering  
**Sick Leave Pool Form**

*With few exceptions you have the right to request, receive and correct information about yourself collected using this form.*

Name \_\_\_\_\_

UIN \_\_\_\_\_

Division \_\_\_\_\_

Mail Stop \_\_\_\_\_

**Donation**                      **Number of Hours Donated** \_\_\_\_\_

Note: Employees may donate an unlimited amount of accrued sick leave each fiscal year. Donations must be made in eight-hour increments. Retiring and terminating employees may also donate sick leave to the pool, to include their full available balance. However, employees returning to state employment within 12 months (and after at least 30 calendar days if returning to the same institution or agency) will not have any donated time restored to their sick leave balances.

\_\_\_\_\_ Employee is **terminating employment** from The Texas A&M University System

\_\_\_\_\_ Employee is **retiring** from The Texas A&M University System

SLP Administrator

In making this donation I understand that it is:

\*strictly voluntary;

\*for use by an eligible employee & I may not stipulate who may receive; and

\*no longer my property right & my sick leave balance will be reduced by a corresponding amount.

\_\_\_\_\_  
*Employee Signature & Date*

I verify that this employee's sick leave balance has the available hours for donation to the Sick Leave Pool.

\_\_\_\_\_  
*LeaveTraq Departmental Administrator Signature & Date*

\_\_\_\_\_  
*Division/Department Head Signature & Date*

**Withdrawal**                      **Number of Hours Requested** \_\_\_\_\_      **Accrual Rate/Month** \_\_\_\_\_

Purpose: \_\_\_\_\_ **Catastrophic** illness or injury and exhaustion of sick and vacation leave and compensatory time. Attach physician's statement. Use form *Certification Of Physician Or Practitioner* (TEES PS05).

I expect to exhaust my sick and vacation leave and compensatory time as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date).

\_\_\_\_\_ **Non-catastrophic** illness or injury. If an employee made a prior contribution this fiscal year and subsequently exhausted all accrued sick and vacation leave, the hours donated this fiscal year may be withdrawn.

Is this request the result of an on-the-job injury? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Policy prohibits Sick Leave Pool time from being used in conjunction with a Workers' Compensation claim.

If request (catastrophic or non-catastrophic) is for immediate family member, provide name and relationship:

\_\_\_\_\_  
*Family Member's Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Employee Signature (or designee) & Date*

I certify this employee has (or will) exhausted all earned sick and vacation leave and compensatory time as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date) and has missed 160 hours of work for this condition as of \_\_\_\_\_ (time) on \_\_\_\_\_ (date).

\_\_\_\_\_  
*LeaveTraq Departmental Administrator Signature & Date*

\_\_\_\_\_  
*Division/Department Head Signature & Date*

**Number of hours approved** \_\_\_\_\_

\_\_\_\_\_  
*Sick Leave Pool Administrator Signature & Date*

Submit completed form through Division Departmental Leave Administrator to TEES Personnel Services (Mail Stop 3467)