



Contribution to the Sick Leave or Family Leave Pool

(This form is a declaration to contribute leave to the Sick Leave Pool or Family Leave Pools made pursuant to TTUS 07.12)

Name: _____ R#: _____

Department: _____ Title: _____

An employee may donate any number of sick leave hours to the Sick Leave Pool and any number of the number of sick leave or vacation leave hours to the Family Leave Pool. I hereby donate the following number of hours to the Pool of my choice. All employees are advised to consult their independent attorney, accountant, or tax professional regarding tax implications prior to donating leave.

Sick Leave Pool (I understand that the value of the donated leave **will not** invoke tax consequences for me)

Total number of hours of sick leave donated: _____

Family Leave Pool - Serious Illness and Major Disaster (I understand that the value of the donated leave **will not** invoke tax consequences for me)

This includes hours for caring for a seriously ill Immediate Family Member or the Employee and pandemic-related illnesses or extenuating circumstances caused by a pandemic.

Total number of hours of sick leave donated: _____ Total number of hours of vacation leave donated: _____

Family Leave Pool - Non-Serious Illness or Major Disaster (I understand that the value of the donated leave **will** invoke tax consequences for me)

This includes hours for bonding time with a child following birth, adoption, or foster placement.

Total number of hours of sick leave donated: _____ Total number of hours of vacation leave donated: _____

I understand effective September 1, 2001, a member of the Teacher Retirement System may upon retirement purchase one year of membership credit for 50 days or 400 hours of accumulated state sick leave that is unused as of the last day of employment before retirement. Only five days per year of unused state sick leave may be accumulated per year toward the 50 days or 400 hours.

I understand that all leave hour contributions to the Sick Leave Pool or Family Leave Pool are strictly voluntary and that I cannot reclaim contributions unless I am entitled to use leave from the Sick Leave Pool or Family Leave Pool.

Signature of Employee: _____ Date: _____

Total number of hours donated: _____

Return this form to: TTU Human Resources, Box 41093 or hr.leaveadministration@ttu.edu