

LEAVE HOURS CONTRIBUTION FORM

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



PURPOSE: Pursuant to [Section 661.021](#), the purpose of the Family Leave Pool is to provide employees more flexibility in bonding with and caring for children during the child's first year following birth, adoption, or foster placement; caring for a seriously ill family member or themselves, including pandemic-related illnesses or complications caused by a pandemic. In accordance with Texas A&M System Policy [31.06.01](#) Sick Leave Pool Administration, employees may also donate any number of sick leave hours to the Sick Leave Pool.

INSTRUCTIONS: Please indicate the total amount of hours you would like to donate in the space provided below. You may donate sick leave and/or vacation in 8-hour increments. Sign and turn in to the HR Office at benefits@tamucc.edu.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME	UIN	JOB TITLE
---------------	-----	-----------

SICK LEAVE POOL *The value of the donated leave will not invoke tax consequences.*

Select one option below to contribute to the Sick Leave Pool:

All remaining sick leave hours. Specific number of sick leave hours: _____ # of hours N/A

FAMILY LEAVE POOL

I. SERIOUS ILLNESS OR MAJOR DISASTER

This includes hours for caring for a seriously ill immediate family member or the employee, as well as pandemic-related illnesses or extenuating circumstances caused by a pandemic. The value of the donated leave **will not** invoke tax consequences.

1.) Sick Leave Hours Contribution

All remaining sick leave hours. Specific number of sick leave hours: _____ # of hours N/A

2.) Vacation Hours Contribution

All remaining vacation hours. Specific number of vacation hours: _____ # of hours N/A

II. NON-SERIOUS ILLNESS

This includes hours for bonding time with a child following birth, adoption, or foster placement. The value of the contributed leave **will** invoke tax consequences.

1.) Sick Leave Hours Contribution

All remaining sick leave hours. Specific number of sick leave hours: _____ # of hours N/A

2.) Vacation Hours Contribution

All remaining vacation hours. Specific number of vacation hours: _____ # of hours N/A

TAX PROVISIONS

In recognition of the above information, I agree to proceed with my contribution(s):

Only if my contribution is considered tax exempt, I wish to contribute hours confirmed as medical emergency.

Regardless of whether my contribution is tax exempt, I wish to contribute my hours.

Initial

I understand if the contribution is determined taxable, I am advised that in accordance with IRS policy, the cash value of contributed sick leave is includable in my gross income, and will be treated as wages. Such wages will be considered a lump-sum payment and subject to 25% income tax, Medicare, and applicable social security withholdings. I am encouraged to consult a tax advisor.

Signature of Employee Contributing Leave Hours

Date

FOR OFFICE USE ONLY

CONTRIBUTION		Contribution Upon Termination				
Approved	Taxable hours added:	PROCESSED	Sick Leave	N/A	Vacation	N/A
COMMENTS		HR ADMINISTRATOR: _____				