

SICK LEAVE DIRECT DONATION - Recipient Form

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



INSTRUCTIONS

Read all of the information below carefully. Signing the document acknowledges your acceptance of the policies as they related to recipients of a sick leave direct donation. Submit this form along with the medical certification to the Human Resources Specialist responsible for your department - please see list [here](#).

RECIPIENT NAME	RECIPIENT UIN
RECIPIENT DEPARTMENT	RECIPIENT JOB TITLE

DIRECT DONATION OF SICK LEAVE HOURS

I accept a direct donation of sick leave hours to be added to my leave account. In accepting this donation:

- Initial Donated sick leave must be used in accordance with [System Regulation 31.03.02 Sick Leave](#).
- Initial Texas State law expressly prohibits remuneration or gifts in exchange for donating sick leave and attest that I have not and will not give any financial payment or gift in exchange for receiving this donation.
- Initial The donor(s) may have donated sick leave hours contingent on qualification as a medical emergency pursuant to IRS guidelines; therefore, **medical certification is required** to make the determination for IRS qualification as a medical emergency.

MEDICAL CERTIFICATION REQUIREMENT

- Yes, donation is contingent on medical emergency qualification.
- No, donation is not contingent on medical emergency qualification.

Initial Failure to provide proper medical documentation may impact the ability to receive donated sick leave and that timeliness in providing the medical documentation is necessary as sick leave may not be permitted retroactively.

Initial Hours granted contingent on qualification as a medical emergency may only be used related to absences qualified under the approved certified medical illness or condition. It is my obligation to ensure proper usage of donated leave only for the certified condition.

Initial If my need for leave is eligible for sick leave pool consideration that I must apply, utilize and exhaust any eligible sick leave pool hours prior to accepting or using donated sick leave.

Initial Donated sick leave does not transfer to another state agency, cannot be paid to my estate, does not qualify for retirement service credit, and is not eligible for restoration upon re-employment.

Initial My employing department will be notified that I have accepted donated sick leave.

Signature of Employee (Recipient)

Date

FOR HR USE ONLY

Date form initially sent to recipient: _____ Medical certification: N/A No / Denied Yes: _____

Medical emergency qualification determination: Yes, considered tax-exempt No, considered taxable (requires tax form to payroll)

Medical condition certified through date (if applicable) _____ (recertification required beyond stated date)

Number of donated hours approved: _____ Date processed in leave system: _____

Signature of Sick Leave Administrator/ Human Resources

Date