FAMILY LEAVE POOL - *Donation 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.

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

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87th Legislature), I authorize the following donation(s) to the family leave pool:

_____ **Sick Leave Hours** _____ **Vacation Hours**

In making this decision, I understand the following:

- ✓ Donation is strictly voluntary.
- ✓ Donation is irrevocable and donated sick and/or vacation leave will not be returned to me
- ✓ Donation will reduce my accrued leave balance(s) by a corresponding amount
- ✓ The value of the donated sick and/or vacation leave may invoke tax consequences.
- ✓ I am prohibited from receiving remuneration or a gift in exchange for donating sick leave and attest that I have not, and will not, receive any financial payment or gift in exchange for this donation.

TAX PROVISIONS

In recognition of the above information, I agree to proceed with my donation:

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

Regardless of whether my donation is tax exempt, I wish to donate my hours.

___
Initial

I understand if the donation is determined taxable, I am advised that in accordance with IRS policy, the cash value of donated 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 (Donor)   *Date*

FOR HR USE ONLY

I certify the donor is eligible to donate the accrued leave stated above.

DONATION POOL

Tax-exempt Pool: Number of hours added: _____   Taxable Pool: Number of hours added: _____

Sick Leave Donation   Processed   N/A   **Vacation Leave Donation**   Processed   N/A

_____ _____
Signature of Sick Leave Administrator/ Human Resources   *Date*