

Texas A&M University-Kingsville Family Leave Pool Donation - Donor Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact (979) 458-6169.

Donor Name	Donor UIN	Donor's Department
Sick Hours Donated: _____		
Vacation Hours Donated: _____		
One day (8 hours) minimum donation required for processing.		

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87th Legislature), I authorize a donation of my accrued sick and/or vacation. In making this decision:

- f* I understand donations are strictly voluntary and available for use by any eligible employee,
- f* I understand that donated sick and/or vacation leave will no longer be my property right and will be deducted from my sick and/or vacation leave balance accordingly. I further understand that this decision is irrevocable and donated sick and/or vacation leave will not be returned to me,
- f* I understand State law expressly prohibits me from receiving remuneration or a gift in exchange for donating sick and/or vacation leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation,
- f* I understand that the value of the donated sick and/or vacation leave may invoke tax consequences,
- f* In recognition of the above information, I agree to proceed with my donation: (Check the applicable box below)

I wish for the donation to be applied to the tax exempt Family Leave Pool .

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