



Direct Sick Leave Donation – Recipient Form

Recipient Name	Recipient 's Emp ID
Recipient 's Department	Recipient 's Email address

In accordance with Sick Leave Donation as authorized by House Bill 1771, I accept a direct donation of sick leave hours to be added to my leave account. In accepting this donation:

- I understand that donated sick leave must be used for reasons permitted in accordance with [UT Tyler HOP 4.18.4 Sick Leave](#).
- I understand 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.
- I understand that 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.
- I understand that 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.
- I understand that 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.
- I understand that my employing department will be notified that I have accepted donated sick leave.

Employee Signature (Recipient)

Date

HR OFFICE USE:	
Date form initially sent to recipient: _____	
Medical certification received: <input type="checkbox"/> Not applicable <input type="checkbox"/> No, donation denied <input type="checkbox"/> Yes, date received: _____	
Medical condition certified through date (if applicable) _____ (recertification required beyond stated date)	
Number of donated hours approved: _____ Date processed in leave system: _____	
_____ Human Resources Signature	_____ Date

FORM SUBMISSION

Office of Human Resources, Phone (903) 566-7234
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