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|  **RECIPIENT INFORMATION**  |
|  |  |  |  |  |  |  |
| Recipient Name |  | Texas State ID # |  | Department |  | Email |

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 I must have exhausted all leave including any hours I may be eligible to receive from the sick leave pool and/or extended sick leave.
* I understand State law expressly prohibits compensation 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 medical certification will be required by Human Resources to make a determination for IRS qualification as a medical emergency. For sick leave donation purposes, a medical emergency is defined as “a major illness or other medical condition that requires a prolonged absence from work, including intermittent absences that are related to the same illness or condition”. Final determination of medical emergency will not be known until fully assessed by Human Resources.
* I understand failure to provide medical documentation will impact the ability to receive donated sick leave and timeliness is necessary as sick leave may not be permitted retroactively.
* I understand that hours granted may only be used related to absences qualified under the approved certified medical illness or condition. Hours may not be used for any other purpose including absences regularly permitted in accordance with UPPS 04.04.30 Section 4 and it is my obligation to ensure proper usage of donated sick leave only for the certified condition.
* 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.

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| Employee Signature (Recipient) |  | Date |

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| **HR OFFICE USE**  |

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| Date form sent to recipient: |  |
| Medical certification received:  |  |

[ ]  Eligible to receive donation as medical emergency: Hours: \_\_\_\_ Date Processed: \_\_\_\_

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| Human Resources Signature  |  | Date |