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| Employee Name: | |  | Texas State ID Number: | |  |
| Department: |  | | Phone Number: |  | |

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| **DONATION TO SICK LEAVE POOL (non-taxable to donor):** | | | |
| I wish to donate \_\_\_\_ hours of sick leave to the Sick Leave Pool for catastrophic medical events in accordance with the provisions of SB 357. I understand that these hours will be deducted from my current sick leave balance and cannot be refunded to me.  Donations must be made in 8-hour increments. If separating from employment, donation will be taken after all time entry has been approved.  I understand this donation is exempt from taxation to me, the donor. | | | |
| Employee Signature: |  | Date: |  |
| **DONATION TO FAMILY LEAVE POOL (taxable to donor):** | | | |
| I wish to donate to the Family Leave Pool for purposes of childbirth, adoption, and other qualifying reasons as part of HB2063. I understand that these hours will be deducted from my current sick or vacation leave balance and cannot be refunded to me.  \_\_\_\_ hours of vacation leave  \_\_\_\_ hours of sick leave  Donations must be made in 8-hours increments. If separating from employment, donation will be taken after all time entry has been approved.  I understand that I will be required to pay taxes on this donation equivalent to the number of hours donated at my current rate of pay. At the time the donation is processed, the taxation will be applied to the current payroll period. | | | |
| Employee Signature: |  | Date: |  |
| **DONATION TO FAMILY LEAVE POOL (non-taxable to donor):** | | | |
| I wish to donate to the Family Leave Pool for catastrophic medical, emergency events, and other qualifying reasons in accordance with the provisions of HB 2063. I understand that these hours will be deducted from my current sick or vacation leave balance and cannot be refunded to me.  \_\_\_\_ hours of vacation leave  \_\_\_\_ hours of sick leave  Donations must be made in 8-hours increments. If separating from employment, donation will be taken after all time entry has been approved.  I understand this donation is exempt from taxation to me, the donor. | | | |
| Employee Signature: |  | Date: |  |

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| Employee Name: | |  | Texas State ID Number: | |  |
| Department: |  | | Phone Number: |  | |

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| **REQUEST TO USE SICK LEAVE POOL:** | | | |
| I request \_\_\_\_\_\_\_hours from the Sick Leave Pool for the period of \_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_. This request is for my own illness \_\_\_\_ or to care for my immediate family member \_\_\_\_ (relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). | | | |
| Employee Signature: |  | Date: |  |

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| **REQUEST TO USE FAMILY LEAVE POOL:** | | | |
| I request \_\_\_\_\_\_\_\_hours from the Family Leave Pool for the period of \_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_. This request is for:  \_\_\_\_\_\_ The birth of a child  \_\_\_\_\_\_ The placement of a foster child or adoption of a child under 18 years of age  \_\_\_\_\_\_ The placement of any person 18 years of age or older requiring guardianship  \_\_\_\_\_\_ A serious illness to an immediate family member or the employee  \_\_\_\_\_\_ An extenuating circumstance created by the ongoing pandemic, including providing essential care to a family member | | | |
| Employee Signature: |  | Date: |  |

I understand in order to be considered, I must meet the criteria outlined in [UPPS 04.04.30](http://policies.txstate.edu/university-policies/04-04-30.html) University Leave Policy and provide a completed Certification of Health Care Provider form or appropriate documentation to Human Resources ([hrbenefits@txstate.edu](mailto:hrbenefits@txstate.edu)).

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| Employee Signature: |  |  | Date: |  |

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| **For HR Use Only:** |

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| HR Representative: |  | Date: |  |

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| Manager, HR: |  | Date: |  |

As a result of the 71st Legislature Regular Session, Texas State implemented a Sick Leave Pool for employees who suffer a catastrophic illness or injury. In the 87th Legislature, Regular Session, the Family Leave Pool was passed. The Associate Vice President for Human Resources is the Pool Administrator for all leave pool types. Employees cannot stipulate who is to receive their donation. Once donated, employees cannot get the hours back. Employees do not have to donate to the pool to be eligible to draw hours from the pool.

In some cases, donations to the Family Leave Pool may be taxable to the donor under IRS guidelines that consider donations of leave as taxable if they are not related to a catastrophic event or illness. This is marked on the form that the donor must sign and acknowledge. Employees receiving donations will be taxed as a part of their standard payroll process.

Regular faculty and staff eligible to accrue sick leave are the only employees eligible to use the pool. Employees may use sick leave pool leave for their own illness or for their immediate family. To qualify for sick leave pool leave, employees must have been absent at least 10 working days in the immediate preceding six month period as a result of a catastrophic injury or illness. Catastrophic illness does not include routine pregnancy, however, the Family Leave Pool does allow for use for childbirth, adoption, and foster placement.

Employees must first use all their own leave before sick leave pool will begin. Therefore, pool leave will begin after satisfying the 10-working day waiting period or after all paid leave is exhausted, whichever occurs later. Requests for pool leave must be on the Leave Pool Donation/Request Form and submitted to Human Resources along with a Certification of Health Care Provider Form or other appropriate documentation which includes a description of the condition, prognosis, and expected return date.

All requests will be kept confidential and be considered on a first-come, first-served basis. The amount granted cannot be more than one-third of the balance of hours in the pool and will not exceed a maximum of ninety working days per illness. An employee may qualify for multiple awards for different illnesses; however, the total number of days awarded will not exceed 180 days per lifetime. Any unused hours of pool leave must be returned to the pool.

Further details may be found in [UPPS 04.04.30](http://policies.txstate.edu/university-policies/04-04-30.html) University Leave Policy. Questions and application requests should be directed to Human Resources at 512.245.2557, fax to 512.245.1942 or email [hr@txstate.edu](mailto:hr@txstate.edu).