



Family Leave Pool Donation 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 Leave@tamu.edu or (979) 862-4027.

INSTRUCTIONS This form is used by employees to donate unused sick or vacation leave hours to the family leave pool. Check the applicable option and include the number of hours to be donated. There are no restrictions on the total number of hours an employee may donate to the Family Leave Pool. However, donations by active employees must be made in 8-hour increments. A separating or retiring employee may designate any number of unused accruals for donation to the pool.

Employees should provide their completed form to their department's HR Professional or HR Contact. *The HR Professional will forward the completed form to Leave@tamu.edu*

UIN	First Name (printed)	Last Name (printed)
<input type="checkbox"/> TAMU <input type="checkbox"/> Texas A&M Health <input type="checkbox"/> Galveston	Department	Leaving Texas A&M University? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of termination (MM-DD-YY) _____

FAMILY LEAVE DONATION FOR SERIOUS ILLNESS (just like donating to Sick Leave Pool):

- I understand that the value of the donated leave **will not** invoke tax consequences for me.
- This includes hours for caring for a seriously ill immediate family member or the employee.

_____ I wish to donate _____ sick hours to the Family Leave Pool.

FAMILY LEAVE DONATION FOR NON-SERIOUS ILLNESS:

- I understand that the value of the donated leave **will** invoke tax consequences for me.
- This includes hours for bonding time with a child following birth, adoption, or foster placement

_____ I wish to donate _____ vacation hours to the Family Leave Pool.

By signing below, I understand and agree to the following statements.

- I understand donations are strictly voluntary and available only for use by any eligible employees. I may not stipulate who may receive this donation.
- I understand that donated sick and vacation leave will no longer be my property right and will be deducted from my leave balance accordingly.
- Depending on the donation(s) I elect above, I understand if the donation is determined taxable, I am advised that in accordance with IRS policy, the cash value of donated leave is includable in my gross income and will be treated as wages for employment tax purposes.** Such wages will be considered a lump-sum payment and subject to income tax, Medicare, and applicable social security withholdings. I acknowledge that I am encouraged to consult a tax advisor.
- I further understand that this decision is irrevocable and donated leave will not be returned to me. (NOTE: Employees returning to state employment within 12 months will not have any donated time restored to their sick leave balances.)

Employee Signature (required)

Date

LEAVE ADMINISTRATION USE ONLY:

I certify that the employee's leave balance has been reduced by the above amount and the donation has been reviewed to determine if taxable.

Family Leave Pool Administrator Signature Date

HR Professionals will submit form to:

Leave@tamu.edu

In the subject line show:

Family Leave Pool Donation and Employee's Name

For Assistance:

Leave Administration

979.862.4027 | Leave@tamu.edu