THE UNIVERSITY OF TEXAS AT DALLAS

EMPLOYEE-TO-EMPLOYEE SICK LEAVE DONATION

To be Completed by The Recipient

Recipient's Name: _____ Employee ID: _____

In accordance with the employee to employee leave donation rules, I (recipient) _____ hereby accept _____hours of donated sick leave to be used in accordance to UTD policy. By signing this form, I understand and agree to the following statements:

- I agree this is a voluntary acceptance.
- I understand that donated sick leave may not be used for leave that is covered by other leave programs, worker's compensation, or unemployment.
- If I subsequently receive unemployment or worker's compensation for the covered period, that constitutes an overpayment. I agree to repay UT Dallas within 30-days should an over-payment occur.
- I understand the number of sick leave hours mentioned above will be added to my sick leave balance.
- ***I understand that taxation related to the employee to employee sick leave donation will be consistent with the Internal Revenue Service and UT System Guidelines and any other laws that this may impact.***
- I understand the above amount is to be used for absences only after I have exhausted my available leave, including any sick leave pool hours I might be eligible to receive.
- I understand retroactive donation of time is not accepted once I return from leave.
- I attest I have not been directly or indirectly intimidated, threatened, or coerced any person or persons in connection with this leave donation.
- I attest I have not and will not give any financial payments, gifts, favors, or special treatment in exchange for this donation.
- I attest that this is a true and accurate representation of the facts.
- I understand any misrepresentation of the facts could be subject to disciplinary action, up to and including termination of employment.

_____	_____	_____
Recipient's Signature	Printed Name of Recipient	Date

To Be Completed by The Office of Human Resources

I certify the above named recipient is eligible to receive sick leave donation.

_____	_____
Leave Administrator (Signature)	Date

I certify that this contribution has been deducted from the donor's sick leave balance and credited to the recipient's sick leave balance.

_____	_____
Benefits Analyst (Signature)	Date