

The University of Texas at Dallas

Voluntary Contribution to the General Sick Leave Pool

INSTRUCTIONS: Employee completes Section 1, signs and dates, and sends to Human Resources for completion. Human Resources will complete Section 2. A file copy will be returned to the Department Admin.

Section 1

Employee Certification

Employee Name: _____

UTD-ID: _____

Department: _____

Benefits eligible employees may transfer accrued sick leave to the sick leave pool in 8 hour increments (8, 16, 24, etc.), as long as the donation does not result in a sick leave balance of less than eighty (80) hours.

I hereby contribute _____ hours to the UT Dallas sick leave pool. I understand that this number of hours will be deducted from my sick leave balance. I agree that this is a voluntary contribution.

Employee Signature:

Date:

Section 2

Human Resources Certification:

I certify that this contribution has been deducted from the employees sick leave balance as of this date.

Human Resources (Signature):

Date:

NOTICE: With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Procedures Memorandum 32. The information that UTD collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.