

**University of Texas at Dallas  
Sick Leave Pool Returned Hours Form**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Dept Name:** \_\_\_\_\_ **Campus Mail Stop:** \_\_\_\_\_

**Date employee returned to work or became ineligible for Sick Leave Pool:** \_\_\_\_\_

**Sick Leave Pool Hours *returned*:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please send this completed form to the Human Resources Dept, Mail Stop AD10**