

The Texas A&M University System

Family Leave Pool Donation - Donor Form

HR 2063-D (11/21)

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 (979) 458-6169.

Form with fields for Donor Name, Donor UIN, Donor's Department, Sick Hours Donated, and Vacation Hours Donated. Includes a note: One day (8 hours) minimum donation required for processing.

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87th Legislature), I authorize a donation of my accrued sick and/or vacation. In making this decision:

- I understand donations are strictly voluntary and available for use by any eligible employee,
I understand that donated sick and/or vacation leave will no longer be my property right and will be deducted from my sick and/or vacation leave balance accordingly.
I understand State law expressly prohibits me from receiving remuneration or a gift in exchange for donating sick and/or vacation leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation,
I understand that the value of the donated sick and/or vacation leave may invoke tax consequences,
In recognition of the above information, I agree to proceed with my donation: (Check the applicable box below)

I wish for the donation to be applied to the tax exempt Family Leave Pool.

I wish for my donation to be applied to the taxable Family Leave Pool. (I understand that a taxable donation, in accordance with IRS policy, 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 25% income tax, Medicare, and applicable social security withholdings. I acknowledge that I am encouraged to consult a tax advisor.)

Employee Signature (Donor)

Date

HR OFFICE USE:

I certify the donor is eligible to donate the accrued leave stated above.

Sick Leave Donation (Number of hours removed Date Processed)

Vacation Leave Donation (Number of hours removed Date Processed)

Donation applied to:

Tax-exempt Pool (Number of hours added) Taxable Pool (Number of hours added)

Family Leave Pool Administrator/Human Resources Signature

Date

FORM SUBMISSION

System Offices Human Resources
Phone (979) 458-6169
Fax (979) 458-6168 | Mail Stop-1116