

## Family Leave Pool Withdrawal Request 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 (979) 458-6169.

Employee Name	UIN	Department
Number of Hours Requested: _____		
I expect to exhaust my compensatory, sick and vacation leave as of _____ (time) on _____ (date).		

In accordance with Family Leave Pool Donation as authorized by House Bill 2063 (87<sup>th</sup> Legislature), I request hours from the Family Leave Pool for the following reason:

- The birth of a child;
- Bonding with a child for the first year after the child's birth;
- The placement of a foster child or adoption of a child under 18 years of age;
- The placement of any person 18 years of age or older requiring guardianship;
- A serious illness to an immediate family member or the employee, including pandemic-related illness;
- An extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member; or
- A previous donation of time to the pool.

- I understand that Family Leave Pool must be used for reasons permitted in accordance with System Regulation [31.06.03 Family Leave Pool Administration](#),
- I understand that failure to provide proper medical documentation, if applicable, may impact my ability to receive Family Leave Pool and that timeliness in providing the medical documentation is necessary as Family Leave Pool is essential for payroll processing,
- I understand that failure to provide applicable documentation, including an essential caregiver designation, proof of closure of a school or daycare, or other appropriate documentation if the employee is seeking permission to withdraw time because of an extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member, may impact my ability to receive Family Leave Pool and that timeliness in providing documentation is essential for payroll processing,
- I understand that hours granted contingent on qualification as a medical emergency may only be used related to absences qualified under the approved certified medical illness or condition. Contingent hours may not be used for any other purpose including absences regularly permitted in accordance with System Regulation [31.03.02 Sick Leave](#) and it is my obligation to ensure proper usage of Family Leave Pool only for the certified condition,
- I understand that Family Leave Pool does not transfer to another state agency, cannot be paid to my estate, does not qualify for retirement service credit, and is not eligible for restoration upon re-employment,
- I understand that my employing department will be notified that I have accepted Family Leave Pool,

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**HR OFFICE USE:**

Date form initially received: \_\_\_\_\_

Medical certification received:  Not applicable  No, donation denied  Yes, date received: \_\_\_\_\_

Medical emergency qualification determination:  Yes, (tax-exempt pool)  No (taxable pool)

Medical condition certified through date (if applicable) \_\_\_\_\_ (recertification required beyond stated date)

Taxable Pool documentation received:  Not applicable  No, donation denied  Yes, date received: \_\_\_\_\_

Number of donated hours approved: \_\_\_\_\_ Date processed in leave system: \_\_\_\_\_

\_\_\_\_\_  
Family Leave Administrator/Human Resources Signature

\_\_\_\_\_  
Date