

Stephen F. Austin State University
Office of Human Resources

SICK LEAVE CONTRIBUTION FORM

Name: _____ CID# or SSN# _____

Department: _____ Job Title: _____

CONTRIBUTION – SEPARATION FROM EMPLOYMENT OR RETIREMENT

OPTION: Upon my termination date of _____

Please check all that apply:

Sick Leave Pool:

_____ I wish to donate the balance of my sick leave to the Sick Leave Pool.

_____ I wish to donate _____ days of my sick leave to the Sick Leave Pool.

Retirees Only: I wish to donate _____ hours of my sick leave to the Sick Leave Pool

Family Leave Pool:

_____ I wish to donate the balance of my sick leave to the Family Leave Pool.

_____ I wish to donate _____ days of my sick leave to the Family Leave Pool.

Retirees Only: I wish to donate _____ hours of my sick leave to the Family Leave Pool

_____ I elect not to donate my sick leave balance.

In making this donation I realize that if I return to employment with a Texas state agency or institution of higher education within one year of my separation date after there has been a break in service of at least one month from termination, I will not be able to reinstate the donated sick leave hours.

Employee Signature _____ Date _____

CONTRIBUTION – ACTIVE EMPLOYEES ONLY

_____ I wish to donate _____ days of _____ **Sick Leave OR** to the _____ **Sick Leave Pool OR**
_____ **Vacation Leave** _____ **Family Leave Pool**

_____ I donate the total balance of my sick leave to the _____ **Sick Leave Pool OR**
_____ **Family Leave Pool**

In making this donation, I understand that it is:

- strictly voluntary,
- for use by any eligible employee and I may not stipulate who may receive this donation, and
- no longer my property right and that my sick leave balance will be reduced by the corresponding amount.

Employee Signature _____ Date _____