



Print Form

Angelo State University
Request to Donate Hours to Sick Leave Pool

Employee Name: [text box]
Last, First, Middle

Employee CID: [text box]

Department: [text box]

Contact Number: [text box]

Dept. Phone #: [text box]

In accordance with the Angelo State University Sick Leave Pool Program I am requesting to donate [text box] hours from my sick leave balance to the Angelo State University Sick Leave Pool.

Current university employees may donate one (1) or more days of sick leave to the Sick Leave Pool in increments of eight (8) hours.

Employees that are retiring from the university may contribute any unused sick leave balance to the Sick Leave Pool.

Employees that are leaving university employment for reasons other than retirement may contribute one (1) or more days of sick leave to the Sick Leave Pool in increments of eight (8) hours.

I understand that the sick leave pool is administered in accordance with the sick leave pool guidelines and operating policies adopted by the Board of Regents, Texas Tech University System, and Angelo State University.

Employee Signature [text box]

Date: [text box]

Office Use Only:

[checkbox] Donation Approved\*\* [checkbox] Donation Denied

Director of HR Signature [text box]

Date: [text box]

\*\*If donation approved, indicate number of sick leave hours removed from the employee's sick leave record and the date that the reduction of hours was made

Sick Hours Removed from Leave Record: [text box]

Date of Removal: [text box]

Payroll Signature [text box]

Date: [text box]

Return form to Office of Human Resources to be placed in official record