



Sick Leave Direct Donation – Recipient 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 Employee Services at (254) 968-9128.

Recipient Name	Recipient 's UIN
Recipient 's Department	Recipient 's Email address

In accordance with Sick Leave Donation as authorized by House Bill 1771, I accept a direct donation of sick leave hours to be added to my leave account. In accepting this donation:

- I understand that donated sick leave must be used for reasons permitted in accordance with [System Regulation 31.03.02 Sick Leave](#).
- I understand State law expressly prohibits remuneration or gifts in exchange for donating sick leave and attest that I have not and will not give any financial payment or gift in exchange for receiving this donation,
- I understand that the donor(s) may have donated sick leave hours contingent on qualification as a medical emergency pursuant to IRS guidelines; therefore, medical certification will be required by Employee Services to make the determination for IRS qualification as a medical emergency,

Medical Certification Requirement:

- Yes, donation is contingent on medical emergency qualification.**
- No, donation is not contingent on medical emergency qualification.**

- I understand that failure to provide proper medical documentation may impact the ability to receive donated sick leave and that timeliness in providing the medical documentation is necessary as sick leave may not be permitted retroactively,
- 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 donated sick leave only for the certified condition,
- I understand that if my need for leave is eligible for sick leave pool consideration that I must apply, utilize and exhaust any eligible sick leave pool hours prior to accepting or using donated sick leave,
- I understand that donated sick leave 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 donated sick leave,

Employee Signature (Recipient)

Date

EMPLOYEE SERVICES OFFICE USE:

Date form initially sent to recipient: _____

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

Medical emergency qualification determination:

- Yes, considered tax-exempt
- No, considered taxable (requires tax form to payroll)

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

Number of donated hours approved: _____ Date processed in leave system: _____

Sick Leave Administrator/Employee Services Signature

Date

COPIES

Recipient
If approved - Recipient 's Department

FORM SUBMISSION

Employee Services
Phone (254) 968-9128
Fax (254) 968-9590 | Box T-0510