



Family Leave Pool - Recipient Form

Recipient Name _____ Recipient Employee ID _____

Recipient Email _____ Recipient Department _____

Number of Hours Received _____ Employer ____ UNT ____ UNTD ____ UNTHSC ____ UNTS

Medical Certification Requirement: Donation is contingent on medical emergency qualification. ____Y ____N

I acknowledge receipt of family leave pool hours to be added to my leave account. By accepting these hours, I acknowledge the following:

- Hours must be used for reasons permitted in accordance with Family Leave Pool Policy.
- If leave is contingent on qualification as a serious medical condition; I must provide medical documentation using the Family Leave Pool Health Care Provider Medical Certification form, to Human Resources. Failure to provide proper documentation will disqualify me from receiving these donated hours.
- Leave may not be applied retroactively and may only be used for absences qualified under the approved certified medical illness or condition, pandemic related absences or baby bonding. It is my obligation to ensure proper usage of leave only for the certified condition.
- I must exhaust all available leave prior to utilizing family leave pool hours.
- Family leave pool hours do 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.

Recipient Signature _____ Date _____

Human Resources Use Only

Medical Certification Received ____Y ____N ____N/A

Serious Health Condition Qualification ____Y ____N

Date Hours Sent to Payroll _____ Tax Notification to Payroll ____Y ____N

Processed by _____ Donation tied to _____ (ID)