



UNT SYSTEM™

Human Resources



Sick Leave Direct Donation 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 direct donation of sick leave hours to be added to my leave account. By accepting these hours, I acknowledge the following:

- Donated sick leave must be used for reasons permitted in accordance with Sick Leave Policy.
- State law expressly prohibits remuneration or gifts in exchange for donating sick leave. By signing below, I attest that I have not and will not give any financial payment or gift in exchange for receiving this donation.
- If donated sick leave is contingent on qualification as a medical emergency pursuant to IRS guidelines; I must provide medical documentation to Human Resources. Failure to provide proper documentation will disqualify me from receiving these donated hours.
- Donated sick leave may not be applied retroactively and may only be used for absences qualified under the approved certified medical illness or condition. It is my obligation to ensure proper usage of donated sick leave only for the certified condition.
- If donated sick hours are contingent on medical emergency qualification, I must exhaust all available leave prior to utilizing donated sick leave.
- If donated sick hours are not contingent on medical emergency qualification, I must exhaust all sick leave and sick leave pool (if eligible) prior to utilizing donated sick leave.
- 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.

Recipient Signature _____ Date _____

Human Resources Use Only

Medical Certification Received ___Y ___N ___N/A

Medical Emergency Qualification ___Y ___N

Date Hours Sent to Payroll _____ Tax Notification to Payroll ___Y ___N

Processed by _____ Donation tied to _____ (ID)