



Sick Leave Pool Donation Form

In accordance with the **Sick Leave Pool** Donation policy: I understand that this donation is strictly voluntary and for the use of any eligible employee. Any stipulations of designating the hours are prohibited and are irrevocable once donated.

Donor Name:	Donor Employee ID:
Number of hours donated:	
Donor Signature:	Date:
Company: UNT <input type="checkbox"/> UNT Dallas <input type="checkbox"/> UNT HSC <input type="checkbox"/> UNT System <input type="checkbox"/>	

Please email the completed form to your Benefits Advisor (contact info for campus advisors: <https://hr.untsystem.edu/employee-leave>) or email the form to: HRBenefits@untsystem.edu.