



# UNT SYSTEM™

## Human Resources



### Family Leave Pool Donation - Donor Form

Donor Name \_\_\_\_\_ Donor Employee ID \_\_\_\_\_

Email \_\_\_\_\_ Department \_\_\_\_\_

Employer \_\_\_\_ UNT \_\_\_\_ UNTD \_\_\_\_ UNTHSC \_\_\_\_ UNTS

I authorize a donation of accrued sick leave or vacation leave to the Family Leave Pool. I have read the information below and understand the impact of making this donation:

- Recipients will receive donation after eligibility has been confirmed by Human Resources
- My donation is irrevocable
- The value of the donated sick or vacation leave will invoke tax consequences.

#### Number of Hours to be donated:

Vacation \_\_\_\_\_ Sick \_\_\_\_\_

I understand that my donation is taxable, it will be taxed in accordance with IRS policy. The cash value of donated leave is includable in my gross income, and will be treated as wages for employment tax purposes. Such wages will be considered a lump-sum payment and subject to income tax up to 25%, Medicare, and applicable social security withholdings.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Human Resources Use Only:***

DONOR: Donated Hours \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Donation Value \_\_\_\_\_

Processed by \_\_\_\_\_

APPROVED

DENIED