



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 submit completed form to UNT System Human Resources Benefit Department

Email: FMLA@UNTSYSTEM.edu or fax to 940-369-5697

If further assistance is needed, please call 940-369-7650, option 5 or Toll Free at 855-868-4357, option 5