In accordance with the Sick Leave Donation (SLD) policy, I will have exhausted all sick leave accruals, including Sick Leave Pool, prior to receiving Sick Leave Donation.

By signing this form, I accept donated hours to be added to my leave balances for use as sick leave. I acknowledge and agree to the terms of the SLD policy by the guidelines of the Sick Leave Donation Policy. Also, by signing below, I understand that the donated sick hours will not be applied to my sick leave balance until the Sick Leave Donation Practitioner Certification has been completed, submitted to Human Resources, and approved. Finally, I certify I did not intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce, any other employee for the purpose of soliciting donations of sick leave under this program.

State Agency: ____________________________ Department: ____________________________

Printed Recipient Name: ____________________________ Employee ID: ____________________________

Recipient Signature: ____________________________ Date: ____________________________

If your department’s time is entered by a department Timekeeper or your Manager’s name, please provide his or her Name: ____________________________

*The sick leave donation will not be processed without a signature. Please submit completed forms to UNT System Human Resources FMLA at FMLA@UNTSystem.edu or fax to 940-369-5530.*

**Completed by Employee’s Department**

Date the employee exhausted, or is likely to exhaust, all accrued and available sick leave:

Department Contact Name & Phone No.: ____________________________ Date: ____________________________

**UNT System HR Benefits Department Use Only**

Current Recipient Sick Leave Balance: ____________________________ hours As of: ____________________________

Practitioner certified dates: ____________________________ From: ____________________________ To: ____________________________

Continuous Leave or Intermittent Leave:

If Denied, Reason: ____________________________ By: ____________________________ Date: ____________________________

Notifications sent by: ____________________________ Date: ____________________________

**Time & Labor Department Use Only**

Hours Donated: ____________________________ From Employee ID: ____________________________

Completed by: ____________________________ Date: ____________________________