



UNT SYSTEM™

Human Resources



Sick Leave Pool - 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 catastrophic qualification. ____Y ____N

I acknowledge receipt of sick leave pool hours to be added to my leave account. By accepting these hours, I acknowledge the following:

- Hours must be used for reasons permitted in accordance with Sick Leave Pool Policy.
- I must provide updated medical documentation using the Sick Leave Pool Health Care Provider Medical Certification form, to Human Resources when requested. Failure to provide proper documentation will disqualify me from receiving additional donated hours where applicable.
- Leave may not be applied retroactively and may only be used for absences indicated in the medical certification form.
- I must exhaust all available leave prior to utilizing sick leave pool hours.
- Sick leave pool hours do 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

Catastrophic Health Condition or Illness ____Y ____N

Date Hours Sent to Time and Labor _____

Processed by _____ Date _____