

THE UNIVERSITY OF TEXAS - HOUSTON
HEALTH SCIENCE CENTER

SICK LEAVE POOL DONATION

STATE EMPLOYEE ARE PERMITTED TO CONTRIBUTE AN UNLIMITED
NUMBER OF HOURS TO THE SICK LEAVE POOL

Employee Name (please print)

Empl ID Number

DEPARTMENT NAME

Number of hours donated (**must be completed**)

Employee Status at Time of Donation :

- Active Employee
 Retiring Employee
 Terminating Employee

Employee Signature

Date

I certify the employee listed above has sufficient sick leave hours as indicated to make the donation to the Sick Leave Pool. The department records will be adjusted accordingly.

Signature of Department Official

Date

Timekeeper's Name

Department Mailing Address

The pool administrator would like to
express gratitude for your generosity in
donating to the Sick Leave Pool