



Sam Houston State University

A Member of The Texas State University System

HUMAN RESOURCES DEPARTMENT

Sick Leave Donation to an Individual - Donor Form

In accordance with the Sick Leave Donation rules, I donate _____ hours of my sick leave to be used by:

First and Last Name of the **Recipient Employee** _____
Recipient Employee Sam ID #

- I understand that donated leave will be deducted from my sick leave balance and will not be available for my use. Hours will not be deducted until the recipient meets eligibility requirements. This donation is irrevocable regardless of whether the donated hours are used or not. A one (1) hour minimum is required and partial hours must be in quarter (0.25) hour increments for processing.
- I understand that it is my responsibility to maintain a sufficient number of sick leave hours in the event I may need to use my own sick leave accruals.
- **I understand that the dollar value of the donated sick leave may be taxable income and taxes withheld from my paycheck. If the recipient’s need for sick leave donation qualifies as a medical emergency pursuant to IRS guidelines, the donated leave may be tax exempt. This determination will not be known until the recipient’s need has been assessed by Human Resources. In recognition of this information, do you agree to proceed with your donation? (check applicable box below)**

- Yes, only if my donation is tax exempt.** _____ (initial)
- Yes, regardless of whether my donation is tax exempt.** _____ (initial)

- I understand as the donor, if I do not have an enough earnings to cover the taxes, I am responsible for reimbursing the University. In addition, I understand that imputed income is not considered retirement-eligible earnings.
- By signing this form, I attest that I have not and will not receive any financial payment (remuneration) or gift in exchange for this donation and I have not been directly or indirectly intimidated, threatened, or coerced by any other employee in connection with this sick leave donation.
- By signing this form, I attest that I will hold confidential any medical or personal information shared with me by the recipient unless specified by the recipient.
- By signing this form, I attest that this is a true and accurate representation of the facts. If not, I may be subject to disciplinary action, up to and including termination of employment.

Printed Name of **Donor Employee**

Donor Employee Sam ID

Signature of **Donor Employee**

Date

Sick Leave Donation form must be signed. Submit completed form to Human Resources.