

In accordance with the state government code, The University of Texas Health San Antonio has established a sick leave pool program to provide additional sick leave for employees entitled to accrue and take paid sick leave. The Sick Leave Pool is intended to help employees in the event of a catastrophic, life-threatening illness or injury that results in all leave balances being exhausted and causes a loss of compensation. More information about the Sick Leave Pool can be found in the [Handbook of Operating Procedures 4.7.9](#).

Employee Name: _____ Employee ID Number: _____

Department: _____

NOTE: Separating employees may donate their entire sick leave balance to the pool. Also, employees returning to state employment within 12 months will not have any donated time restored to their sick leave balances.

- SICK LEAVE DONATION:**
- I wish to donate _____ hours to the Sick Leave Pool.
- I wish to donate my entire sick leave balance to the Sick Leave Pool.

I understand my donation is strictly voluntary and for use by any employee. I may not stipulate who may receive this donation.

Signature:

_____ / _____
Date

Return completed form to:
UT Health San Antonio, Office of Human Resources, MC 7972
7703 Floyd Curl Drive, San Antonio, TX 78229

Fax: (210)567-6791
E-mail: HR-LeaveAdmin@uthscsa.edu

HR-RECORDS USE ONLY

_____	_____	_____ / _____	_____
Termination Date	Number of Hours Deducted	HR Initial	Date