I. Employee Section

Review and complete required fields, e-sign, and date this section. The form will be routed electronically to the Workplace Accommodations Coordinator in Organizations Excellence for review.

Employee Name (Last, First, M.I.):	Department/Division Name:	Phone:

I am:

- ☐ a retiring employee
- ☐ an active or terminating employee

I wish to contribute my accrued sick leave to:

If contributing to a TRS employee, please complete the Beneficiary Information section of this form.

- ☐ the sick leave pool
- ☐ the beneficiary designated on this form
- ☐ both

I wish to contribute the following number of hours:

Sick leave pool hours: ☐

Beneficiary hours: ☐

Family Leave Pool

I wish to contribute my accrued leave to the Family Leave Pool. I understand I may be taxed when donating leave to the Family Leave Pool. I will consult with my personal tax professional to determine how my donation to this pool, or use of leave from this pool, will impact my income and tax liability.

I wish to contribute the following hours *(unlimited hours may be donated in increments of eight hours, if the donation does not cause the donor to fall below 80 hours)*:

I wish to contribute the following number of hours to the Family Leave Pool:

Hours donated from my **sick** leave accruals: ☐

Hours donated from my **vacation** accruals: ☐

Beneficiary Information

Complete this section only if you are contributing your accrued leave to a TRS employee. If the employee is unknown, it will be completed by Workplace Accommodations.

Recipient Name (Last, First, M.I.):	Department/Division Name:	Phone:

Employee Acknowlegement

I agree to contribute the specified number of my accrued hours to the sick leave pool, family leave pool, and/or beneficiary designated on this form in accordance with TRS policies.

Sign here ▶ Employee Signature: Date:

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. For more information, contact the workplace accommodations coordinator in OE.

II. Admin Section (for office use only)

Organizational Excellence

Date Workplace Accommodations Coordinator Received Form:		
Employee's Sick Balance Before Contribution:	Date Sick Balance Verified:	Hours of Sick Leave to Transfer to the Sick Leave or Family Leave Pool:
Employee's Vacation Balance Before Contribution:	Date Vacation Balance Verified:	Hours of Vacation Leave to Transfer to the Family Leave Pool:

Comments:

Sign here ▶ Workplace Accommodations Coordinator: Date:

WAC - USPS Posting

Hours Posted:	Date Posted:	Posted By: