|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DONOR INFORMATION** | | | | | | |
|  |  |  |  |  |  |  |
| Donor Name |  | Texas State ID # |  | Department |  | Email |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RECIPIENT INFORMATION** | | | | | | |
|  |  |  |  |  |  |  |
| Recipient Name |  | Texas State ID # |  | Department |  | Email |

|  |  |
| --- | --- |
| **Number of Hours to Donate:** |  |

In accordance with Sick Leave Donation as authorized by House Bill 1771, I authorize a direct donation of my accrued sick leave to the recipient indicated above. By making this authorization:

* I understand donations are strictly voluntary and available only for use by the recipient once eligibility has been confirmed. The recipient must be an employee of Texas State and have exhausted all leave including any hours the employee may be eligible to receive from the sick leave pool and/or extended sick leave.
* I understand that donated sick leave will no longer be my property right and will be deducted from my sick leave balance accordingly. I further understand that this decision is irrevocable and donated sick leave will not be returned to me in the even the recipient is unable to utilize the approved donated sick leave.
* I understand State law expressly prohibits me from receiving compensation or a gift in exchange for donating sick leave and attest that I have not and will not receive any financial payment or gift in exchange for this donation.
* I understand that the value of the donated sick leave *may* invoke tax consequences if the recipient’s need for sick leave donation does not qualify as a medical emergency pursuant to IRS guidelines. For sick leave donation purposes, a medical emergency is defined as “a major illness or other medical condition that requires a prolonged absence from work, including intermittent absences that are related to the same illness or condition”.
* I understand that final determination of medical emergency will not be known until fully assessed by Human Resources.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Signature (Donor) |  | Date |

|  |
| --- |
| **HR OFFICE USE** |

**I certify the recipient is eligible to receive sick leave donation and the documentation has been reviewed to determine medical emergency qualification for tax purposes.**

Yes, eligible to receive donation Hours: \_\_\_\_ Date Processed: \_\_\_\_

**Not eligible because:**

Recipient has a current leave balance, including previously donated sick leave

Recipient has not exhausted eligible sick leave pool and/or extended sick leave hours

Recipient has not provided medical documentation to support medical emergency

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Human Resources Signature |  | Date |