



# Family Leave Pool Donation Form

Name \_\_\_\_\_

Employee ID \_\_\_\_\_

I would like to donate the following hours from my personal leave balance to the Family Leave Pool.

Vacation \_\_\_\_\_ Hours (minimum donation of 8 hrs.)

Sick Leave \_\_\_\_\_ Hours (minimum donation of 8 hrs.)

By signing this form, I understand and agree to the following statements.

- My donation is strictly voluntary.
- My donation will result in a deduction to my own personal sick/vacation leave balance.
- My donation is for use by any eligible employee and may not be designated to a particular employee.
- Donated hours are not eligible for transfer to another state agency.
- **The dollar value of donated sick hours will be included in my taxable income and taxes will be withheld from my payroll earnings. With the understanding that if my net pay is not sufficient to cover the additional taxes incurred, the direct sick leave donation will be denied.**
- **Donation Value = Donated Hours x Hourly Rate**
- **Estimated Tax = Donation Value x Approx. 30% (Federal Withholding+ Social Security+ Medicare)**

Related policy: [Family Leave Pool Policy](#)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Email Completed Form To [HRLeaveAdmin@UTEP.edu](mailto:HRLeaveAdmin@UTEP.edu)

### For Office Use Only

Donation Value: \$ \_\_\_\_\_

Estimated Taxes: \$ \_\_\_\_\_

**Approved**

**Not Approved**

HR Authorization: \_\_\_\_\_

Date:        /        /