

UNIVERSITY OF TEXAS AT EL PASO

Direct Sick Leave Donation Request Form

TO BE COMPLETED BY EMPLOYEE / RECIPIENT AND RETURNED TO:

Office of Human Resources · Administration Bldg. / Rm 216 · 500 W. University Ave. El Paso, Texas 79968 · 915-747-5815 Fax

Donor and Recipient Information			
Donor's Name:		Employee ID:	
Recipient's Name:		Employee ID:	

Is the Recipient your spouse? Yes No

Sick Leave Donation

Donated Number of Hours:	
<p>DONOR, by signing this form, I understand and agree to the following statements:</p> <ul style="list-style-type: none"> • My donation is strictly voluntary. • My donation will result in a deduction to my own personal sick leave balance. • Unused hours by the recipient will not be returned to my available balance. • Hours will not be deducted until the recipient meets all eligibility requirements. • I am responsible for maintaining a sufficient sick leave balance for my sick absences. • I have not been directly or indirectly intimidated, threatened, or coerced into donating sick leave. • I have not and will not receive any remuneration or gift in exchange for donating sick leave. • Donated sick leave is not eligible for transfer to another state agency. • The dollar value of the donated sick leave will be included in my income by UT El Paso and taxes will be withheld from my payroll earnings. 	<p>RECIPIENT, by signing this form, I understand and agree to the following statements:</p> <ul style="list-style-type: none"> • I have exhausted my own personal sick leave. • If my absence is Sick Leave Pool eligible, I have requested and exhausted the award. • The hours stated above will be added to my sick leave balance. • I have not been directly or indirectly intimidated, threatened, or coerced in relation to this sick leave donation. • I have not directly or indirectly intimidated, threatened, or coerced any employee in relation to this sick leave donation. • I have not and will not give any remuneration or gift in exchange for donated sick leave. • Use of donated sick leave must be compliant with Sick Leave Policy - HOP; Section V, Chapter 15.

Donor Authorization	Recipient Authorization
<p>I understand the dollar value of donated sick leave 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.</p> <p>initials _____</p> <p>Donor's Signature: _____</p> <p>Date: / / fdfd</p>	<p>Recipient's Signature: _____</p> <p>Date: / /</p>

For Office Use Only

Donation Value: \$	Estimated Taxes: \$
<p>Donation Value = Donated Hours x Hourly Rate</p> <p>Estimated Taxes = Donation Value x 32.65% (25% Federal Tax + 7.65% OASI)</p> <p>Ex: \$1,000. X 32.65% = \$326.50 in taxes</p>	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
HR Authorization: _____	Date: / /



Sick Leave Donation Program

You may donate sick leave to another leave eligible employee working at UT El Paso if the recipient has exhausted their own sick leave accrual, including any time the employee may be eligible to withdraw from the **Sick Leave Pool (SLP) program**. The recipient may use the donated sick leave for permitted uses found in UT El Paso, Handbook of Operating Procedures: Section 5; Chapter 15, Sick Leave. FMLA will run concurrently with donated sick leave as applicable.

Donated sick leave may be taxable to the donor. Hours deemed taxable are multiplied by the donor's hourly wage and added to a future paycheck as taxable income, impacting the taxable gross amount. For more information on how taxes are calculated, please contact Payroll Services.

Unlike accrued sick leave, donated sick leave is not eligible for transfer to another state agency or for payment to an estate upon death of the recipient.

If you are the intended recipient of donated sick leave from an individual, you will be notified by HR Benefits or Absence Management. Your use of donated sick leave will be assessed to determine the tax status to the donor and whether your circumstance(s) may qualify for Sick Leave Pool, FMLA and/or other leave options.