

UTSA Direct Sick Leave Donation - Donor

For Completion by Donor Employee

I _____ want to donate _____ hours of my sick leave to:
Donor Employee Name (Last, First, MI)

Recipient Employee Name (Last, First, MI)

Recipient EMPL ID:

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 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.
- **The dollar value of the donated sick leave will be included in my income by UTSA and taxes will be withheld from my payroll earnings.**
- Donated leave may be tax exempt if the recipient is the donor's legally married spouse.

Is the recipient your legally married spouse? Yes No

(initials) 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. For more information, please contact the Payroll office at 210-458-4280.

Donor Signature

Date

Printed Name of Donor Employee

Donor EMPL ID:

Submit completed form to Leave Administration
Email: LeaveAdmin@utsa.edu