

Family Leave Pool Donation Form

In accordance with The University of Texas System Board of Regents' Rules and Regulations, [Rule 30204](#), The University of Texas at San Antonio Handbook of Operating Procedure [4.34 Family Leave Pool](#), and Texas Government Code [661.022](#), The University of Texas at San Antonio has established a family leave pool program to provide additional leave for employees.

This form is used by employees to donate unused sick and/or vacation leave hours to the Family Leave Pool.

Employee Name	Emp ID	Department
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INSTRUCTIONS: Check the applicable option and include the number of hours to be donated. Donations must be made in 8-hour increments. There are no restrictions on the total number of hours an employee may donate to the Family Leave Pool. A separating or retiring employee may designate any number of unused accruals for donation to the pool.

FAMILY LEAVE DONATION FOR SERIOUS ILLNESS AND MAJOR DISASTER:

- I understand that the value of the donated leave **may** invoke tax consequences for me.
- This includes hours for caring for a seriously ill immediate family member or the employee, and pandemic-related illnesses or extenuating circumstances caused by a pandemic.

_____ I wish to donate _____ sick hours to the Family Leave Pool.

_____ I wish to donate _____ vacation hours to the Family Leave Pool.

FAMILY LEAVE DONATION FOR NON-SERIOUS ILLNESS:

- I understand that the value of the donated leave **will** invoke tax consequences for me.
- This includes hours for bonding time with a child following birth, adoption, or foster placement and closure of a school or daycare.

_____ I wish to donate _____ sick hours to the Family Leave Pool.

_____ I wish to donate _____ vacation hours to the Family Leave Pool.

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

- I understand donations are strictly voluntary and available only for use by any eligible employees. I may not stipulate who may receive this donation.
- I understand that donated sick and vacation leave will no longer be my property right and will be deducted from my leave balance accordingly.
- Depending on the donation(s) I elect above, I understand if the donation is determined taxable, I am advised that in accordance with IRS policy, the cash value of donated leave is includable in my gross income and will be treated as wages for employment tax purposes.** Such wages will be considered a lump-sum payment and subject to income tax, Medicare, and applicable social security withholdings. I acknowledge that I am encouraged to consult a tax advisor.
- I further understand that this decision is irrevocable and donated leave will not be returned to me. (NOTE: Employees returning to state employment within 12 months will not have any donated time restored to their sick leave balances.)

I authorize People Excellence to deduct the specified hours from my leave balance(s).

Employee Signature

Date

PEOPLE EXCELLENCE USE ONLY:

I certify that the employee's leave balance has been reduced by the above amount and the donation has been reviewed to determine if taxable.

People Excellence Family Leave Pool Administrator Signature

Date

Email completed form to hr@utsa.edu