

Texas Department of Criminal Justice Sick Leave Donation

NAME: _____ MONTH/DAY OF BIRTH: _____
Please Print: Last Name First Name MI (mm/dd)

UNIT/DEPT: _____

1. Current Accrued Sick Leave Balance: _____
2. Number of hours **DONATING** to Receiving Employee: _____
3. Sick Leave Donated to: _____
Name Unit or Department Month/Day of Birth (mm/dd)

Please initial:

_____ I acknowledge that donated leave will be deducted from my sick leave balance and will not be available for my use.

_____ I acknowledge that donated sick leave hours unused by the recipient will not be returned to my available balance.

_____ I acknowledge that the donation is final and will not be changed or modified once the donation has been made.

_____ I acknowledge that I have not received compensation or a gift in exchange for donating sick leave hours. I acknowledge I have not been threatened or coerced into donating sick leave hours.

_____ I acknowledge that the value of donated sick leave may be taxable, and if I have any questions or concerns about what this means, it is my responsibility to consult with my tax advisor.

Employee Signature

Date (mm/dd/yyyy)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Distribution:
 Fax copy to Leaves Program Area, Employee Services, Human Resources Division at (936) 437-4140
 Copy: Employee

For Agency Use Only:

HR Representative Name and Unit:				
Receiving Employee Notified:	Date:	Time:	Agreed to Donation: <input type="checkbox"/>	Does Not Agree to Donation: <input type="checkbox"/>
Receiving Employee Unable to be Notified:	Date:	Time:	Result:	
HRHQ Transferred Hours:	Date:	Time:	Initial:	