In February 2017, the UAB Sick Time Donation program will continue to include direct, voluntary donations and will be enhanced by the option of non-specific donations to a pool, managed by Human Resources. Additional specifics of the pool:

a. Donations for the pool will be accepted from current and retiring employees
b. Maximum number of donated days for current and retiring employees is 60 days (480 hours)
c. Maximum number of pool days a recipient is allowed to receive is 30 days (max lifetime receipt remains 60 days), depending on the current balance in the pool, the number of pending requests and the expected return date of the recipient
d. Sick time pool days may be requested for the following reasons with the appropriate documentation on file in Employee Health:
   - Employee’s own serious health condition (illness or injury) including serious illness/injury or prolonged complications that arise as a result of pregnancy or childbirth. Pregnancy will only be considered for pool time when severe illness and prolonged complications arise as a result of pregnancy or childbirth (direct voluntary donations remain available).
   - Serious health conditions of Spouse, Parent or Child
e. Donations from current employees will be coordinated through the HR Records Department and the Sick Time Donation Form
f. Donations from retiring employees continue to require the Benefits Office review at the time of retirement
SICK TIME POOL FORM

Full Name: ___________________________ Employee#: ___________________ Department: __________________

DONATION

An employee may donate any number of sick time days (not to exceed a total lifetime donation of 60 days or 480 hours) as long as the donating employee maintains at least twenty days of accrued sick time in his or her personal account (See Sick Time Donation Policy for more information).

I understand that:

- This donation is strictly voluntary.
- I may not stipulate who may receive this donation.
- The donation of sick time is irrevocable as of the date the donation form is fully executed.

Total number of sick time hours donating: ________________________________

Employee’s Signature ___________________________ Date ________________

I certify that the donating employee’s information listed above is correct and that this employee meets the guidelines for donating sick time pursuant to the policy.

Employee’s Dean or Director or Department/Unit Head Signature ___________________________ Date ________________

WITHDRAWAL

Total number of sick time hours requested: ________________________________

This request is being made in accordance due to a serious health condition (illness or injury) including a serious illness/injury or prolonged complications affecting my health or spouse, parent or child. Sick time pool withdrawals should be requested as soon as the need becomes apparent. (See Sick Time Donation Policy for more information)

I understand that:

- Completion of this form does not guarantee sick leave donations.
- The maximum number of pool days a recipient is allowed to receive is 30 days. The maximum lifetime receipt is 60 days.

By my signature below, I do hereby certify that I have secured permission from my Employment Unit to use donated sick time pursuant to policy. This request is supported by documentation on file with Employee Health, in order to continue my compensation. My benefit time accrual balance (sick leave, vacation time, and personal holidays) is less than or equal to 40 hours prior to this request.

Have you applied for, or do you plan to apply for, Retirement Due to Disability? ☐ Yes ☐ No If yes, list date of retirement _______________

Employee’s Signature ___________________________ Date ________________

By my signature below, I do hereby certify for the Recipient Employment Unit listed above that this request meets the guidelines for donating sick leave pursuant to policy and established procedures. I acknowledge receipt of the donated hours and understand that the total hours donated above will be added to the Recipient Employee’s sick time record.

Employee’s Dean or Director or Department/Unit Head Signature ___________________________ Date ________________

Human Resources Use Only:

In accordance with the Sick Time Donation Pool Policy, the request is:

☐ APPROVED ☐ DENIED (Reason) ________________________________

Date sick time donation hours applied: __________________________

Office of Human Resources – Records Administration ___________________________ Date ________________