

## SICK TIME DONATION 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)** \_\_\_\_\_

Number of sick time donation hours approved: \_\_\_\_\_

Date sick time donation hours applied: \_\_\_\_\_

\_\_\_\_\_  
Office of Human Resources – Records Administration

\_\_\_\_\_  
Date

**\*Send completed form to: HR Records, AB 254 or email to [Leave@uab.edu](mailto:Leave@uab.edu). HR Records Administration will adjust the records to reflect the new balances.**