



PRAIRIE VIEW A&M UNIVERSITY
Office of Human Resources

Sick Leave Pool Donation Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and, (3) have the information corrected at no charge. To request this information, contact leaveteam@pvamu.edu or (936) 261-1728.

This form is used by employees to donate unused sick leave hours to the sick leave pool. **The Leave Administrator is responsible for deducting the donated hours from the employee's sick leave balance.**

Employee Name: _____ UIN: _____

Department: _____ Mail Stop: _____

Number of hours donated: _____
(Must be in eight-hour increments.)

Please check if leaving Prairie View A&M University employment. _____ Yes* _____ No

There is no restriction on the number of hours an employee may donate to the Sick Leave Pool.

*I, the undersigned employee, understand that my donation is strictly voluntary. I may ask for a return of my donated sick leave hours in the event I return to employment with PVAMU in a leave-accruing position and my sick, vacation, and compensatory time accruals are unavailable or are otherwise exhausted. I also understand that if I separate from PVAMU and return with a break in service of less than 30 days, I must wait at least 30 days from my re-hire date to have the donated hours returned to me.

Employee Signature

Date

I certify that this employee's sick leave balance has been reduced by the above amount.

Leave Administrator Signature

Date

SUBMIT FORM TO:
Leave Services
Harrington Science Bldg. Room 109
Fax: (936) 261-1734
or
Email: leaveteam@pvamu.edu

FOR ASSISTANCE:
Leave Services
(936) 261-1728