Human Resources

Sick Leave Donation to an Individual - Donor Form

In accordance with the Sick Leave Donation (SLD) rules, I donate _______ hours of my sick leave to be used by:

First and Last Name of the Recipient Employee

Recipient Employee ID #' (EID)

- I understand that donated leave will be deducted from my sick leave balance and will not be available for my use. Hours will not be deducted until the recipient meets eligibility requirements. This donation is irrevocable regardless of whether the donated hours are used or not. A one (1) hour minimum is required and partial hours must be in quarter (0.25) hour increments for processing.

- I understand that the dollar value of the donated sick leave may be taxable income and result in additional taxes withheld from my paycheck. Hours deemed taxable are multiplied by the donor’s hourly wage amount and added to a future paycheck as taxable income, impacting the taxable gross amount. For more information, please see: payroll.utexas.edu/payroll-info/calculation-employment-taxes.

- Donated leave may be tax exempt if the recipient is the donor’s legally married spouse or if the need for sick leave donation qualifies as a medical emergency pursuant to IRS guidelines. Medical emergency determination will not be known until the recipient’s need has been assessed by Human Resources. In recognition of this information, do you agree to proceed with your donation? (check applicable box below)

  - [ ] Yes, only if my donation is tax exempt. __________ (initial)
  - [ ] Yes, regardless of whether my donation is tax exempt. __________ (initial)

Is the recipient your legally married spouse?  [ ] Yes  [ ] No  If yes, the donation is tax exempt.

- I understand if I do not have an enough earnings to cover the taxes, I am responsible for reimbursing UT Austin for the taxes. In addition, I understand that imputed income is not considered retirement-eligible earnings.

- By signing this form, I attest that I have not and will not receive any financial payment (remuneration) or gift in exchange for this donation and I have not been directly or indirectly intimidated, threatened, or coerced by any other employee in connection with this sick leave donation.

- By signing this form, I attest that I will hold confidential any medical or personal information shared with me by the recipient unless specified by the recipient.

- By signing this form, I attest that this is a true and accurate representation of the facts. If I do not, I may be subject to disciplinary action, up to and including termination of employment.

Printed Name of Donor Employee

Donor Employee ID #' (EID)

Signature of Donor Employee

Date

SLD will not be processed without a signature. Submit completed form to HR Benefits and Leave Management via email at HRS-LM@austin.utexas.edu or by fax to 512-471-7008.

For HR Use Only:

Amount of Taxable Hours: _______  Approved By: ___________________________  Date: ________