



Authorization to Transfer Sick Leave to the Sick Leave Pool

Date _____

Employee _____ ID # _____

Department _____ Phone Ext. _____ Campus _____

PART I

I elect to either:

- 1. Transfer 8 16 24 hours of my accrued sick leave to the Austin Community College Sick Leave Pool.
- 2. Transfer the entire balance of my accrued sick leave to the Austin Community College Sick Leave Pool upon either my separation or my retirement.

As per state law I understand that:

- My contribution cannot exceed 24 hours of sick leave per Fiscal year (Sept. 01-Aug. 31). This does not apply to separation or retirement.
- My election to transfer sick leave can be made during designated drive periods during the fiscal year and upon separation or retirement from the college.
- My total accrued sick leave balance will be reduced by the hours of transfer approved.
- I cannot revoke, recover, or cancel my approved transfer.
- I cannot designate the recipient of the sick leave hours I contribute to the pool.
- I understand that this donation has no tax consequences and is not deductible as a charitable contribution.

Employee Signature _____ Date _____

PART II

- Per this request 8 16 24 hours of sick leave has been approved for transfer to the Sick Leave Pool. FY 20_____.
- Employee's current sick leave balance is insufficient to meet the transfer. _____
- Per this request, the balance of _____ hours of sick leave has been approved for transfer to the Sick Leave Pool upon separation or retirement.

Benefits _____ Date _____

Date Applied to Balance _____ Number of Hours Transferred _____

Based on Administrative Rule 6.10.007