

# Sick Leave Direct Donation – Recipient Form

**Case #**

(Supplied by Human Resources)

Recipient Name:	Recipient PSID:
Recipient Department:	Recipient Email:

In accordance with Sick Leave Donation policy at the University of Houston, I accept a direct donation of sick leave hours to be added to my leave account. In accepting this donation:

- I understand that donated sick leave must be used for reasons permitted in accordance with [SAM02.D.01 Vacation and Sick Leave](#).
- I understand State law prohibits remuneration or gifts in exchange for donating sick leave and attest that I have not and will not give any financial payment or gift in exchange for receiving this donation.
- I understand that the donor(s) may have donated sick leave hours contingent on qualification as a medical emergency pursuant to IRS guidelines; therefore, medical certification will be required by Human Resources to make the determination for IRS qualification as a medical emergency.

**Medical Certification Requirement:**

- Yes, donation is contingent on medical emergency qualification.
- No, donation is not contingent on medical emergency qualification.

- I understand that failure to provide proper medical documentation may impact my ability to receive donated sick leave and that timeliness in providing the medical documentation is required.
- I understand that hours granted contingent upon a medical emergency may only be used for absences under the approved certified medical illness or condition. Contingent hours may not be used for any other purpose including absences regularly permitted in accordance with [SAM02.D.01 Vacation and Sick Leave](#). It is my obligation to ensure proper usage of donated sick leave only for the certified condition.
- I understand that I must exhaust all of my own sick and vacation leave hours as well as any eligible sick leave pool hours prior to accepting or using donated sick leave.
- I understand that donated sick leave does not transfer to another state agency, cannot be paid to my estate, does not qualify for retirement service credit, and is not eligible for restoration upon re-employment.

Click or tap to enter a date.

Employee Signature (Recipient)

Date

**HR OFFICE USE:**

Date form initially sent to recipient: \_\_\_\_\_

Medical certification received:  Not applicable  No, donation denied  Yes, date received: \_\_\_\_\_

Medical emergency qualification determination:

- Yes, considered tax-exempt
- No, considered taxable (requires tax form to payroll)

Medical condition certified through date (if applicable) \_\_\_\_\_ (recertification required beyond stated date)

Number of donated hours approved: \_\_\_\_\_ Date processed in leave system: \_\_\_\_\_

Click or tap to enter a date.

Human Resources Signature

Date

Case # Assigned (Recipient PSID + Year, ex: XXXXXXX-16)

**COPIES**

Recipient  
If approved - Recipient's Department

**FORM SUBMISSION**

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