

UTSA Direct Sick Leave Donation - Recipient

For Completion by Recipient Employee

You _____, have been gifted with _____ hours
of sick leave from _____.

By signing this form, I understand and agree to the following statements.

- I have exhausted my own personal sick leave.
- If my absence is Sick Leave Pool eligible, I have requested and exhausted the award.
- The hours stated above will be added to my sick leave balance.
- I have not been directly or indirectly intimidated, threatened, or coerced in relation to this sick leave donation.
- I have not directly or indirectly intimidated, threatened, or coerced any employee in relation to this sick leave donation.
- I have not and will not give any remuneration or gift in exchange for donated sick leave.
- Use of donated sick leave must be compliant with [INT135: Sick Leave, Sec. 5: Use of Sick Leave](#).
- Donated leave may be tax exempt if the recipient is the donor's legally married spouse.

Is the recipient your legally married spouse? Yes No

Recipient's Signature

Date

Submit completed form to Leave Administration
Email: LeaveAdmin@utsa.edu