Texas Department of Criminal Justice

Sick Leave Pool Contribution

NAME: _____ Please Print: Last Name First Name	PAYEE ID: _____
UNIT OR DEPT: _____	MONTHS OF TDCJ SERVICE SINCE MOST RECENT HIRE DATE: _____
POSITION TITLE: _____	SALARY GROUP: _____
EMAIL: _____ (home)	_____ (work)

1. Current Accrued Sick Leave Balance: _____

2. Number of hours **CONTRIBUTING** to Sick Leave Pool: _____
   Minimum contribution for a full-time active or separating employee is eight hours, and contributions shall be in eight-hour increments. Minimum contribution for a part-time active or separating employee is four hours, and contributions shall be in eight- or four-hour increments. There is no minimum requirement for retiring employees, and the contribution does not have to be in eight- or four-hour increments.

Contributions may not be designated for any specific employee.

_____ _____

Employee Signature Date (mm/dd/yyyy)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

DISTRIBUTION:
Original: Unit or Department Human Resources File – Activity Section
Copy: Employee