Texas Department of Criminal Justice

Family Leave Pool Contribution

NAME: _____ PAYEE ID: _____
Please Print: Last Name First Name

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: _____ / Vacation Balance: _____

2. Number of hours **CONTRIBUTING** to Family Leave Pool: Sick: _____ / Vacation: _____

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.

Please initial beside each of the following statements:

_____ Separating employees will not be paid for any vacation hours contributed to the family leave pool.

_____ Contributions may not be designated for any specific employee.

_____ Family leave pool contributions are taxable and considered wages for income tax purposes. For example, if a correctional officer (CO) IV earning $3,284.27 monthly contributes eight hours of accrued time, the value of those eight hours would be $151.58. This is the amount that would be added to the employee's gross wages amount reported in box 1 on the employee's annual W2 statement. Employees should consult with a tax advisor regarding tax implications.

_____ _____
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