

Donated Sick Leave Form – Direct Donation

The completed form with all necessary approvals should be submitted to Human Resources

Cowan Hall 206 or 208; hr@msun.edu; FAX: 406-265-3530

Part A – To be completed by contributing employee

Name _____ Last 4 Digits of GID # _____

Department _____

I wish to donate _____ (maximum of 40) hours of sick leave to _____.

I understand that sick leave donations are voluntary. Donations can be declined by the recipient, or denied by the department head/director and dean/vice president

Contributing Employee Signature

Date

Part B – To be completed by receiving the employee's department

Name _____ Last 4 Digits of GID # _____

Department _____

Please note, upon receipt of the Donated Sick Leave Form that is approved as appropriate by receiving employee's department, Human Resources will verify employees meet the eligibility requirements to donate or receive donated sick leave in accordance with MSU Policy 1045.00 - Donated Sick Leave. Please contact HR for help with eligibility determination if in doubt.

If the eligibility criteria are met for both employees, donated sick leave will be deducted from the contributor's sick leave and credited to the recipient of the sick leave in the order the Donated Sick Leave Forms are received, and on an as-needed basis at the end of each pay period.

Both the department head/director and dean/vice president should initial below the appropriate option.

1. Approval of total hours contributed in Part A _____
2. Denial of total hours contributed in Part A _____
3. Approval of only _____ hours contributed in Part A _____

Signatures of the department head/director and dean/vice president indicate accepting responsibility for covering the costs of the donated sick leave to the receiving employee.

Department Head/Director

Date

Director of Human Resources

Date

In the event some or all sick leave donations are denied, the department head/director and dean/vice president should indicate the denial and amount of leave denied and return the form to the receiving employee and copy the Director of Human Resources.

Part C – To be completed by Human Resources

- Qualifying Event
- 10 consecutive days
- Eligible
- Ineligible

Contributor: _____
Eligibility date: _____
Sick leave balance of _____
Number of donated hours _____
Ending sick leave balance _____

Recipient: Leave accruals