**Application to the Donated Sick Leave Pool**



Via Email dslp@montana.edu or in DocuSign – revised 01.24.2022

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| **Part A - to be completed by the Applicant**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GID# (last 4 digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I wish to apply for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maximum 240/yr) hours of sick leave from the Donated Sick Leave Pool for use beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I confirm that, by this date, I will have exhausted all leave currently available to me. I am eligible to receive hours from the Sick Leave Pool, under MSU Policy <https://www.montana.edu/policy/hr_policies/donated_sick_leave.html>. I understand that application to the Pool is not a guarantee of an allocation of leave hours.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date |

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| **Part B – to be completed by the Recipient’s Department & Dean/VP**Department Head (*print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please check appropriate option*1. Approves the total application in Part A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Approves \_\_\_\_\_\_\_\_\_\_ hours of those applied for in Part A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Department is unable to approve this application\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*If option 3, please return this form to the Recipient and copy the Chief Human Resources Officer.*Signatures of the Department Head/Director and Dean/VP indicate acceptance of responsibility for covering the costs associated with the employee receiving and using donated sick leave ([see](http://www.montana.edu/policy/personnel/per1000.html#1045.00) above link).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Head/Director Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean/Vice President Date |
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| **Part C - to be completed by Human Resources**FORM COMPLETE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (approver)

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| Approved? □ Yes □ No Applicant / Dept informed Date: \_\_\_\_\_\_\_\_\_\_ Approver Initials \_\_\_\_\_\_\_\_\_ |
| Total Hours Approved : \_\_\_\_From Pool \_\_\_\_From Individual Donations |

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