

SICK LEAVE DIRECT GRANT FORM

PART A: To be completed by contributing employee

NAME _____ SSN _____

DEPARTMENT _____

HOURS OF SICK LEAVE TO BE CONTRIBUTED _____ (Maximum of 40 hours)

I wish to donate indicated personal sick leave to _____

I understand that contributions are irrevocable unless not accepted by the recipient or the department.

EMPLOYEES SIGNATURE _____

PART B: To be completed by receiving employee's department

NAME _____ SSN _____

DEPARTMENT _____

The employee identified above is eligible to receive (see section 1106.13, "Sick Leave Fund" MSU Classified Policy and Procedures Manual for eligibility requirements), and wishes to receive, a direct grant of sick leave from the above named contributor.

_____ 1. Approval to total hours contributed in Part A

_____ 2. Denial of total hours contributed in Part A

_____ 3. Approval of only _____ hours contributed in Part A

Department Head _____ Date _____

Dean _____ Date _____

NOTE: Both Department Head and Dean should initial appropriate option being approved (1, 2, or 3)

PART C: To be completed by Personnel and Payroll Services

Contributor: Starting Sick Leave Eligibility
Date _____

Starting Sick Leave Balance _____ hours as of _____

Contribution hours _____

Ending Sick Leave Balance _____