

**Contribution to the Donated Sick Leave Pool**

*DocuSign version will automatically be sent to Human Resources. If you prefer to print and complete the form then please scan and email it to* [*dslp@montana.edu*](mailto:dslp@montana.edu) *or simply drop into campus mail to Human Resources. Thank you.*

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| **Part A**  **To be completed by the contributing employee**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GID# (last 4 digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I wish to contribute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maximum 40/year) hours of sick leave to the MSU Donated Sick Leave Pool. I understand that contributions to the Donated Sick Leave Pool are voluntary and cannot be designated to a particular employee. I also understand that the contributed hours will be taken from my accrued sick leave balance within the next payroll cycle and cannot be returned to me.  I confirm that my sick leave balance will be at least \_\_\_\_\_\_\_\_\_\_\_\_\_ hours, after this donation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contributor Signature Date |

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| **Part B**  **To be completed by Human Resources**  FORM RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)  Contributor eligibility per MSU Policy [Donated Sick Leave](https://www.montana.edu/policy/hr_policies/donated_sick_leave.html):  \_\_\_\_\_\_ Is a current employee of MSU  \_\_\_\_\_\_ Has completed the 90-day qualifying period to use sick leave  \_\_\_\_\_\_ meets minimum sick leave balance after this donation |