**Application to the Donated Sick Leave Pool**



Via Email [dslp@montana.edu](mailto: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)   |  | | --- | | Approved? □ Yes □ No Applicant / Dept informed Date: \_\_\_\_\_\_\_\_\_\_ Approver Initials \_\_\_\_\_\_\_\_\_ | | Total Hours Approved : \_\_\_\_From Pool \_\_\_\_From Individual Donations | |