



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 or simply drop into campus mail to Human Resources. Thank you.

Part A To be completed by the contributing employee

Name _____ netID _____

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

Part B To be completed by Human Resources

FORM RECEIVED _____ (date)

Contributor eligibility per MSU Policy [Donated Sick Leave](#):

____ 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