**Application to the Donated Sick Leave Pool**



*The completed form may be scanned and emailed, or the original submitted to Human Resources*

Culbertson Hall, Room 200, Bozeman, MT 59717

dslp@montana.edu 406.994.3651

|  |
| --- |
| **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 [1045.40](http://www.montana.edu/policy/personnel/per1000.html#1045.00). I understand that application to the Pool is not a guarantee of an allocation of leave hours.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date |

|  |
| --- |
| **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 ([Policy 1045](http://www.montana.edu/policy/personnel/per1000.html#1045.00)).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Head/Director Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean/Vice President Date |
|  |

|  |  |  |
| --- | --- | --- |
| **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 |

 |