

**Contribution 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

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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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time)  Contributor eligibility per MSU Policy [1045.50](http://www.montana.edu/policy/personnel/per1000.html#1045.00):  \_\_\_\_\_\_ 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 |