

**Contribution to the Donated Sick Leave Pool**

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

Renne Library Room 41, Bozeman, MT 59717 (Temporarily)

dslp@montana.edu 406.994.3651

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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 |