

## Donated Sick Leave Form – Direct Donation

*The completed form with all necessary approvals should be submitted to Human Resources  
Cowan Hall 206 or 208, FAX: 406.265.3530;*

### Part A – To be completed by contributing employee

Name \_\_\_\_\_ Last 4 Digits of GID # \_\_\_\_\_

Department \_\_\_\_\_

I wish to donate \_\_\_\_ (maximum of 40) hours of sick leave to \_\_\_\_\_

I understand that sick leave donations are voluntary. Donations can be declined by the recipient, or denied by the department head/director and dean/vice president

\_\_\_\_\_  
Contributing Employee Signature

\_\_\_\_\_  
Date

### Part B – To be completed by receiving employee's department

Name \_\_\_\_\_ Last 4 Digits of GID # \_\_\_\_\_

Department \_\_\_\_\_

*Please note, upon receipt of the Donated Sick Leave Form that is approved as appropriate by receiving employee's department, Human Resources will verify employees meet the eligibility requirements to donate or receive donated sick leave in accordance with Interim MSUN Policy 1005.1 - Donated Sick Leave. Please contact HR for help with eligibility determination if in doubt.*

*If the eligibility criteria are met for both employees, donated sick leave will be deducted from the contributor's sick leave and credited to the recipient of the sick leave in the order the Donated Sick Leave Forms are received, and on an as-needed basis at the end of each pay period.*

Both the department head/director and dean/vice president should initial below the appropriate option.

1. Approval of total hours contributed in Part A \_\_\_\_\_
2. Denial of total hours contributed in Part A \_\_\_\_\_
3. Approval of only \_\_\_\_\_ hours contributed in Part A \_\_\_\_\_

Signatures of the department head/director and dean/vice president indicate accepting responsibility for covering the costs of the donated sick leave to the receiving employee.

\_\_\_\_\_  
Department Head/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Vice President

\_\_\_\_\_  
Date

*In the event some or all sick leave donations are denied, the department head/director and dean/vice president should indicate the denial and amount of leave denied and return the form to the receiving employee and copy the Chief Human Resources Officer.*

### Part C – To be completed by Human Resources

- Qualifying Event
- 10 consecutive days
- Eligible
- Ineligible

Contributor: \_\_\_\_\_  
Eligibility date: \_\_\_\_\_  
Sick leave balance of \_\_\_\_\_  
Number of donated hours \_\_\_\_\_  
Ending sick leave balance \_\_\_\_\_

Recipient: Leave accruals