

Direct Grant Procedure/Eligibility

1. If an employee needs direct grant hours, they should contact their employing Agency for the process to be followed to receive direct grants. The Sick Leave Fund and Direct Grant Policy can be found at <http://benefits.mt.gov/Resources/Forms>.
2. The employee wishing to receive direct grant hours **must** meet the following criteria. It is the responsibility of the employing Agency to verify eligibility.
 1. met the 90-day qualifying period to take sick leave, as provided in 2-18-618, MCA;
 2. suffered an extensive illness or accident or provided necessary care as defined in Section IV of the policy, which resulted in the employee's absence from work of no less than two full consecutive weeks of regularly scheduled working days or 10 consecutive working days, whichever occurs first, per illness or injury. A working day means any day for which an employee has regularly scheduled hours and does not include recognized holidays. If a recognized holiday for which the employee would have been paid falls within the 2-week period, the employee must be absent additional working day(s) up to the maximum of 10 consecutive working days. Days worked prior to the end of the 90-day qualifying period may accrue to the 10 consecutive working day requirement;
 3. used all available accrued sick leave, annual leave, other accrued paid leave, and compensatory time;
 4. received approval from the supervisor for leave of absence;
 5. received approval from the Agency head or designee to receive sick leave;
 6. when requested by the employing Agency, provided a physician's certification of extensive illness or accident.

An eligible, full-time employee may receive up to a maximum of 240 hours sick leave from the sick leave fund, direct grants, or a combination of both in a 12-month period. Agencies shall calculate the 12-month period beginning with the first day an employee uses sick leave obtained through the sick leave fund or direct grants. A new or subsequent 12-month period starts on the first day following the end of that initial 12-month period that an employee uses credits from the sick leave fund or a direct grant.

3. The employee wishing to donate direct grant hours **must** meet the following criteria. It is the responsibility of the employing Agency to verify eligibility.
 1. have completed the 90-day qualifying period to take sick leave, provided for in 2-18-618, MCA; and
 2. not reduce a full-time employee's balance of sick leave below 40 hours for a contribution to a direct grant. Agencies shall prorate the minimum balance for a part-time employee based on either:
 - a. the part-time employee's regular schedule at the time the employee makes the initial contribution; or
 - b. the average amount of time the employee is in a pay status when management cannot determine or has not assigned a regular schedule. For example, if during the two or more pay periods preceding the contribution a part-time employee was in a pay status an average of 20 hours per week, the employee shall keep a minimum balance of 20 hours of sick leave following the contribution.

An employee may not contribute a combined total of more than 80 hours of sick and annual leave to the sick leave fund, direct grants, or a combination of both in a 12-month period unless the contribution is derived from excess annual leave that would otherwise be forfeited. If annual leave that would

otherwise be forfeited is part of an employee's annual contribution, the total for that employee may include the 80 hours and any leave at risk of forfeiture.

A terminating employee's eligibility to make a direct grant also depends on the recipient employee's eligibility to receive a direct grant. The recipient employee must be eligible to receive a direct grant in the same pay period in which the direct grant is made.

An eligible employee may make a direct grant of sick leave to an eligible employee of any state Agency.

4. If the employee wishing to donate is eligible, the employing Agency documents on the Direct Grant Form the number of hours being donated for that pay period. The hours that are deducted from the donor employee and given to the recipient employee must match and be deducted from the donor employee in the same pay period in which the recipient Agency adds the credits to the recipient employee's account.
 - o Example: Joe wants to give 40 hours to Sue but Sue only needs 10 hours this pay period. Joe will have 10 hours deducted that pay period with 30 more hours available next pay period if Sue needs them.

NOTE: Agencies shall allot up to 20 sick leave hours a week for a full-time employee, for a maximum allotment of 40 hours per 2-week pay period. Sick leave hours must be rounded up to the nearest full hour increment. A full-time employee may request additional sick leave up to a maximum of 80 hours per 2-week pay period by submitting a letter of hardship to the Department. Agencies shall prorate the available hours for a part-time employee (refer to Section IV.C. of the Sick Leave Fund and Direct Grant Policy for additional information).

5. The donor agency payroll/hr deducts the hours from the donor employee and gives them to the recipient employee using the code(s) below. The donor agency then forwards the form to the recipient agency for completion.
6. The recipient agency payroll/hr will submit the completed Direct Grant Form to the Health Care & Benefits Division (HCBD) via email (benefitsquestions@mt.gov) by the Friday preceding the payday of the affected payroll period. This form is available at <http://benefits.mt.gov/Resources/Forms>.
7. HCBD documents the request in an excel spreadsheet for tracking.

Timesheet Reporting Codes for Direct Grants,

to be entered by the Agency Payroll/HR

SLGD- = Subtracts from the donor employee's balance (giving a direct grant)

SLDG+ = Adds to recipient employee's balance from direct grant

SLGT = Sick grant hours used by the recipient employee

DIRECT GRANT FORM

INFORMATION FOR EMPLOYEES

1. If you are eligible to, and wish to make a Direct Grant, complete and sign Section I and **return to your agency's payroll office**.
 2. You may donate up to 80 hours per year of your sick leave to another state employee who is eligible to receive Direct Grants. Your remaining sick leave balance must be at least 40 hours after you make your donation. You do not have to be a member of the Sick Leave Fund to make a Direct Grant.
 3. If some or all your Direct Grant is not needed or accepted, those hours will be returned to your sick leave balance.
- Once your agency payroll has verified your eligibility to donate and has approved the grant, your agency payroll will complete Section II and forward to the recipient agency payroll office to complete Section III and Section IV. After the form has been completed by the recipient agency, the form should be submitted to the Health Care & Benefits Division (HCBD) via email at benefitsquestions@mt.gov.**

SECTION I (to be completed by Donor Employee – PLEASE PRINT)

I wish to donate _____ hours of sick leave	Donor Employee Name _____
TO _____ Recipient Employee Name	Donor Agency / Agency # _____
Recipient Employee ID# _____	Donor Employee ID# _____ Phone Number _____
Recipient Agency / Agency # _____	Donor Employee Signature _____ Date _____

SECTION II (to be completed by Donor agency – PLEASE PRINT)

Pursuant to the Sick Leave Fund and Direct Grant Policy, I certify the above-named donor employee is eligible to make a Direct Grant and has a sick leave balance of at least **40 hours** after making this donation and the donor employee has not contributed more than **80 hours of sick leave in the past 12 months**.

The donor employee's sick leave balance has been debited by _____ hours on pay period ending _____. As of _____ the donor employee has donated _____ sick leave hours in the last 12 months and has a balance of _____ sick leave hours.

The recipient employee has been granted through direct grants and/or the sick leave fund _____ hours in the last 12 months.

Donor Agency Payroll Clerk's Signature Payroll EID# Date Agency #

SECTION III (to be completed by Recipient agency – PLEASE PRINT)

Pursuant to the Sick Leave Fund and Direct Grant Policy, I certify the above-named recipient employee is eligible to receive a Direct Grant. I also certify the recipient employee's supervisor has approved a leave of absence and the agency director or designee has approved the receipt of the Direct Grant.

Our agency has accepted _____ hours of sick leave, which were credited to the recipient employee's sick leave balance on pay period ending _____.

Recipient Agency Payroll Clerk's Signature Payroll EID# Date Agency #

SECTION IV (to be completed by Recipient agency payroll office if necessary)

_____ hours of sick leave are not accepted and should be credited to the donor's account.

Recipient Agency Payroll Clerk's Signature Payroll EID# Date Agency #

Health Care and Benefits Division: Date Input _____