

Request for Sick Leave Fund Grant

1. If an employee needs access to a grant from the Sick Leave Fund, they should contact their employing Agency for the process to be followed to receive a grant. The Sick Leave Fund and Direct Grant Policy can be found at <http://benefits.mt.gov/Resources/Forms>.
2. The employee wishing to receive a grant from the Sick Leave Fund **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;
 7. If applying for a grant from the Fund, employee must have been a Participating Employee for at least 90 calendar days. The 90-day period begins on the pay period following the pay period in which the Participating Employee's initial Fund contribution was deducted from the Participating Employee's sick or annual leave accounts, or the first day of the pay period following the date of the Participating Employee's request to the employing Agency, whichever occurred first.

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. If the employee wishing to receive the grant from the Sick Leave Fund is eligible, the employing Agency documents on the Sick Leave Fund Grant Request Form the number of hours being requested for that pay period.

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 Direct Grant Policy for additional information).

4. The employing Agency will submit the completed Sick Leave Grant Request 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>.
5. After approval or denial, HCBD will email the completed form back to the employing Agency and the employing Agency will process out outlined below.
 - If the request is accepted, HCBD deducts the hours from the Fund balance. The payroll/hr clerk will add the hours to the recipients leave balance by using the codes below.
 - If the request is denied, HCBD notifies the employing Agency via email explaining why and the employing Agency should notify the employee of the denial and provide a copy of the appeal process.

Timesheet Entry Codes for Sick Leave Fund Requests.
to be entered by the Agency Payroll/HR.

SLFP+ = Adds to the recipient's balance from the Sick Leave Fund Pool

SLFT= Sick Leave Fund Pool hours used by the recipient

SICK LEAVE FUND GRANT REQUEST FORM

SECTION I (to be completed by employee)

1. An employee participating in the Sick Leave Fund you may request grants of up to **40 hours per pay period** (240 hours total) of sick leave from the fund in a 12-month period.
2. You must meet the following eligibility requirements to receive a grant from the Sick Leave Fund. You must be able to answer **yes** to all the following statements at the time you receive the grant.
Yes No
 I have been a member of the Sick Leave Fund for at least 90 days.
 I have completed the 90-day qualifying period to use sick leave.
 I have been absent more than **10 consecutive working days** due to an extensive illness or accident or providing necessary care as defined in the Sick Leave Fund Policy.
 I have used all my accrued sick leave, annual leave, other accrued paid leave, and compensatory time.
 I have received leave approval for a leave of absence from my supervisor and approval from my agency director or designee to receive a Sick Leave Fund grant.
 I have suffered an extensive illness or accident or provided necessary care as defined in Section IV of the Sick Leave and Direct Grant Policy found at <http://benefits.mt.gov/Resources/Forms>.
3. If you meet the eligibility requirements for a Sick Leave Fund grant, complete Section II of this form and return it to your employing Agency. If you have questions about your eligibility for a Sick Leave Fund grant, contact your employing Agency. Your employing Agency will notify you if you are ineligible for a Sick Leave Fund grant.

SECTION II (to be completed by employee)

I have met the eligibility requirements to receive a Sick Leave Fund grant and request _____ hours from the Sick Leave Fund for the pay period ending _____.

Requesting Employee Name (please print) _____

Employee ID # _____ Agency # _____

Requesting Employee Signature _____ Date _____

SECTION III (to be completed by Health Care and Benefits Division)

The request for _____ hours has been

Approved by _____ representing Health Care and Benefits Division
name (please print)

Denied by _____ representing Health Care and Benefits Division
name (please print)

Explanation for denial:

SECTION IV (to be completed by employing Agency)

Pursuant to the Sick Leave Fund Policy, I certify the above-named employee is eligible to receive a grant from the Sick Leave Fund. I also certify that the employee's supervisor has approved the employee's leave of absence and my agency's director or designee has approved receipt of a Sick Leave Fund grant in the amount specified above. I have contacted Health Care & Benefits Division to confirm the Sick Leave Fund contains sufficient hours to meet this grant request.

_____ hours of sick leave were added to the employee's account on pay period ending _____

Employing Agency Payroll Clerk's Signature _____

Payroll EID# _____

Date _____

Agency # _____

Health Care and Benefits Division: Date Input _____ Input By _____