

Direct Sick Leave Grants Process

- 1.) An employee is in need of sick leave hours. They need to contact their agency for the process they will need to follow.
- 2.) The employee **must** meet the following criteria before they are eligible. (agency payroll/hr must verify)
 - The employee has exhausted all of their leave and has been out of the office for 10 consecutive days.
- 3.) Once the above criteria are met, agency staff members may elect to donate up to a maximum of 80 hours from their personal sick leave balance.
 - The agency payroll/hr verifies that each employee has not donated more than 80 hours in the last 12 months to the fund or direct grant and that the employee will have 40 hours in their sick leave after donation.
- 4.) If the employee is eligible to donate to the requesting employee, the agency payroll/hr documents on the direct grant form the amount of hours being donated for that pay period. The hours that are deducted from the donator and given to the recipient must match.
 - Example: Joe wants to give 40 hours to Sue but Sue only needs 10 hours this pay period. Joe will have 10 deducted that pay period with 30 more hours available next pay period if Sue needs them.
- 5.) The agency payroll/hr deducts the hours from the donator and gives them to the recipient using the codes below.
- 6.) The payroll/hr will submit the completed direct grant request form to HCBBD. This form is available at: <http://benefits.mt.gov/pages/forms.publications.html>.
- 7.) HCBBD documents the request in an excel spreadsheet for tracking.

Timesheet Entry Codes for Direct Grants that are to be entered by the Agency Payroll/HR

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

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

SLGT = Sick grant hours used by the recipient

DIRECT SICK LEAVE GRANT FORM

INFORMATION FOR EMPLOYEES

1. To make a direct grant, complete and sign section I of this form and return it your agency's payroll office.
2. You may directly grant up to 80 hours per year of your personal sick leave to another state employee and do not have to be a member of the Sick Leave Fund to do so. However, your personal sick leave balance must be at least 40 hours after you make your grant.
3. If some or your entire direct grant is not needed or accepted, those hours will be returned to your personal sick leave balance.

Once payroll has approved this grant, send the completed form to
Health Care and Benefits Division PO Box 200130 Helena, MT 59620-0130
Fax 406-444-0080

SECTION I (to be completed by donor)

I wish to donate _____ hours of sick leave	_____. donor's name (please print)
TO: _____ recipient's name	_____. donor's agency / agency #
_____. recipient's ID#	_____. donor's ID# donor's phone number
_____. recipient's agency/agency #	_____. donor's signature date

SECTION II (to be completed by donor's agency)

Pursuant to the Sick Leave Fund Policy, I certify the above named donor employee has a sick leave balance of at least 40 hours after making this direct grant and that the employee has not contributed more than 80 hours of sick leave in the past 12 months.

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

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

_____.
donor agency payroll clerk's signature date agency code

SECTION III (to be completed by recipient's agency)

Pursuant to the Sick Leave Fund Policy, I certify the above named recipient employee is eligible to receive a direct sick leave grant. I also certify that the employee's supervisor has approved a leave of absence and my agency director or designee has approved the receipt of this direct sick leave grant.

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

_____.
agency payroll clerk's signature date agency code

SECTION IV (to be completed by recipient's agency payroll office if necessary)

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

_____.
agency payroll clerk's signature date agency code

Health Care and Benefits Division: date input _____ initials _____.