

Sick Leave Fund Contribution Process

1. Employee goes to agency payroll/hr to find out if he/she qualifies to donate sick leave, annual leave and/or excess annual leave to the fund.
2. Agency payroll/hr verifies that the employee:
 - a. has completed the 90-day qualifying period to use sick leave (if donating sick leave) or that the employee has completed the 180-day qualifying period to use annual leave (if donating annual leave).
 - b. has made a minimum contribution of 8 hours of sick and/or annual leave to join the Fund. Employees may contribute a combined amount of up to 80 hours of sick and/or annual leave (with the exception of excess annual leave that is being forfeited, which has no maximum contribution) in a calendar year. (These amounts are prorated for part-time employees); and
 - c. has a minimum balance of 40 hours in the account from which the hours were donated (sick or annual leave. (Example: You have 20 hours of sick leave and 80 of annual leave; you can only donate a maximum of 40 hours annual leave). This amount is prorated for part-time employees.
3. Once the employee meets all the above criteria to donate hours to the fund, the employee must complete SECTION I of the sick leave contribution form and submit form into their agency payroll/hr.
4. After the agency payroll/hr has approved the hours the employee wishes to donate, the completed sick-leave fund contribution form needs to be turned in to HCBd. This form is available below and on-line at: <http://benefits.mt.gov/forms.mcpX>.
 - a. If the employee is donating excess annual leave that will be forfeited, agency payroll/hr must attach documentation to the sick leave contribution form stating that these hours are excess and the employee is donating instead of forfeiting the hours.

Time Reporting Codes for Sick Leave Fund Contributions, these are to be entered by the Agency payroll/hrs

TRC	DESCRIPTION	USE
ALFP-	Annual Leave Sick Pool Donation	When a current member of the Sick Pool wishes to donate some Annual Leave to the Pool
APMBR	Annual Leave Sick Pool New Member	When an employee wishes to donate some Annual Leave to become a member of the Sick Pool
ELFP-	Excess Annual Leave Sick Pool Donation	When a current member of the Sick Pool wishes to donate Excess Annual Leave to the Pool
EPMBR	Excess Annual Leave Sick Pool New Member	When an employee wishes to donate Excess Annual Leave to become a member of the Sick Pool
SLFP-	Subtract Donor Balance for Sick Fund Pool	When a current member of the Sick Pool wishes to donate some Sick Leave to the Pool
SPMBR	Sick Fund Pool Membership Hours	When an employee wishes to donate some Sick Leave to become a member of the Sick Pool

SICK LEAVE FUND CONTRIBUTION FORM

INFORMATION FOR EMPLOYEES

1. Complete section I of this form and return it to your agency's payroll office to join the Sick Leave Fund or make an additional contribution to the Fund.
2. All contributions are voluntary and irrevocable.
3. You must meet the following criteria to enroll in or contribute to the Sick Leave Fund.
 - (a) You must have completed the 90-day qualifying period to use sick leave (if donating sick leave) and have completed the 180-day qualifying period to use annual leave (if donating annual leave).
 - (b) You must make a minimum contribution of 8 hours sick leave and/or annual leave to join the Fund. Employees may contribute a combined amount of up to 80 hours of sick leave and/or annual leave (with the exception of excess annual leave that is being forfeited, which has no maximum contribution) in a calendar year. (These amounts are prorated for part-time employees); and
 - (c) You must have a minimum balance of 40 hours in the account from which donated (sick or annual leave. (example: You have 20 hours of sick leave and 80 of annual leave, you can only donate a maximum of 40 hours annual leave). This amount is prorated for part-time employees.

**Once payroll has approved, send the completed form to
Health Care and Benefits Division PO Box 200130 Helena, MT 59620-0130**

SECTION I (to be completed by employee)

I wish to contribute _____ hours of my **sick leave**

I wish to contribute _____ hours of my **annual leave**

I wish to contribute _____ hours of my **excess annual leave that is being forfeited** (agency documentation must be attached) to the Sick Leave Fund. I understand my participation in the Fund constitutes my agreement as required in 2-18-615 and 618, MCA, to use all my sick leave, annual leave, other accrued paid leave, and compensatory time in order to become eligible to receive sick leave from the Fund.

name (please print)

agency/agency #

employee ID #

work phone number

signature

date

SECTION II (to be completed by employee's agency payroll office)

Pursuant to the Sick Leave Fund Policy, I certify that the above named employee has met the criteria described under item 3 above and is eligible to either join the Sick Leave Fund or make a contribution to the Fund. The employee's total contributions to the fund and direct grants to other employees have not exceeded 80 hours (with the exception of excess annual leave that is being forfeited) in 12 months.

The employee's **sick leave balance** has been debited _____ hours on pay period ending _____

The employee's **annual leave balance** has been debited _____ hours on pay period ending _____

The employee's **excess annual leave balance** has been debited _____ hours on pay period ending _____

agency payroll/hr's signature

date

agency code

Health Care and Benefits Division: date input _____ Initials _____