

## 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 [benefits.mt.gov/Resources/Forms](http://benefits.mt.gov/Resources/Forms).
2. To receive direct grant hours, the Employee **must meet all the following criteria**. It is the responsibility of the employing Agency to verify eligibility. The Health Care & Benefits Division has a right to audit compliance.
  1. met the 90-day qualifying period (QP) to take sick leave, as provided in 2-18-618, MCA;
  2. have a Serious Health Condition or be providing necessary care to a spouse, child or parent with a Serious Health Condition, resulting 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, for each Serious Health Condition. A Working Day means any day for which an Employee has regularly scheduled hours and does not include recognized holidays (including the floating holiday). 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. If the Employee works any partial (or full) Working Day(s) during the 2-week period, the 2-week period will start over on the regularly scheduled Working Day immediately following each partial or full Working Day that the Employee works. Days worked during the 90-day QP may accrue to the 10 consecutive working day requirement;
    - i. a Serious Health Condition is defined as an illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider. A Serious Health Condition includes a maternity-related disability of the Employee during the prenatal period, delivery and post-partum period, miscarriage, abortion, or other treatment. To extend leave for a maternity-related disability beyond the first 6 weeks, either the Employee or new baby must have a Serious Health Condition. Alternatively, a Serious Health Condition may be a condition incurred by the Employee during the prenatal period that may require bedrest. If so, the combined prenatal and post-partum periods may result in an extension of the maternity-related disability.
  3. used all available and usable 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, provide a physician's certification of a Serious Health Condition.

An eligible, full-time Employee may receive up to a maximum of 240 hours sick leave from the Fund, Direct Grants, or a combination of both in a 12-month period, even if the Employee has more than one Serious Health Condition during a 12-month period. Agencies shall calculate the 12-month period beginning with the first day an Employee uses sick leave obtained through the Fund or a Direct Grant. If the Employee continues using sick leave hours from the Fund or a Direct Grant, another 12-month period starts on the day immediately following the end of that initial 12-month period. If the Employee is not using sick leave hours at the end of that initial 12-month period, a new 12-month period starts with the first day that an Employee uses credits from the Sick Leave Fund or a Direct Grant.

3. To donate direct grant hours, the Employee **must meet all the following criteria**. It is the responsibility of the employing Agency to verify eligibility. The Health Care & Benefits Division has a right to audit compliance.
  1. have completed the 90-day QP 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 after making the 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 after making the Contribution.

An Employee may not contribute a combined total of more than 80 hours of sick and annual leave to the 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. However, the Employee cannot contribute any excess annual leave at risk of forfeiture to a Direct Grant. 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 in this pay period with 30 more hours available next pay period if Sue needs them.

Agencies shall allot up to 40 sick leave hours a week for a full-time Employee, for a maximum allotment of 80 hours per 2-week pay period. Sick leave hours must be rounded up to the nearest half-hour increment, unless an Employee's collective bargaining agreement permits increments of less than one-half hour to be used. In that case, sick leave hours may be rounded up to the nearest partial hour permitted by the Employee's collective bargaining agreement for a grant of sick leave hours from the Fund.

Agencies shall prorate the available hours for a part-time Employee based on either:

1. the part-time Employee's regular schedule at the time the Employee became eligible for the Sick Leave Fund or a Direct Grant; or
2. 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 qualifying event an Employee was in a Pay Status an average of 20 hours per week, the maximum available sick leave is 120 hours in a 12-month period.

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](mailto:benefitsquestions@mt.gov)) by the Friday preceding the payday of the affected payroll period. This form is available at [benefits.mt.gov/Resources/Forms](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 it to your agency's payroll office**.
2. You may donate up to 80 hours per year of your sick leave to another 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](mailto: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 _____<br>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** to the Fund, Direct Grants, or a combination of both.

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. I am aware the Health Care & Benefits Division shall establish and administer the Sick Leave Fund and Direct Grant program, including auditing for agency compliance.

Our agency has accepted \_\_\_\_\_ hours of sick leave, which were credited to the recipient Employee's sick leave balance on pay period ending \_\_\_\_\_. Agency confirms Employee has taken the following days off to meet the 10 consecutive working days off rule: \_\_\_\_\_ to \_\_\_\_\_.

Recipient is a part-time  or full-time  Employee.

Agency also confirms Employee has used all available accrued sick leave, annual leave, other accrued paid leave, and compensatory time.

**Attach copy of time sheet** (initial request only).

|  |              |      |          |
|--|--------------|------|----------|
| 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 # |
|--|--------------|------|----------|

|   |  |  |  |
|---|--|--|--|
| <b>Health Care &amp; Benefits Division:</b> Date Input _____ Input By _____ |  |  |  |
|---|--|--|--|

Access this form at [benefits.mt.gov/Resources/Forms](https://benefits.mt.gov/Resources/Forms).

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