

Sick Leave Fund Contribution Process

1. Employees should contact their employing Agency to determine if they qualify to donate sick leave, annual leave, and/or excess annual leave to the Sick Leave Fund. The Sick Leave Fund and Direct Grant Policy can be found at <http://benefits.mt.gov/Resources/Forms>.
2. The employee wishing to contribute to the Sick Leave Fund **must** meet the following criteria. It is the responsibility of the employing Agency to verify eligibility:
 1. Any permanent or seasonal employee as defined in 2-18-601, MCA, may enroll to contribute to the Fund at any time.
 2. To enroll in the Sick Leave Fund, a permanent or seasonal employee shall:
 - a. have completed the 90-day qualifying period to take sick leave, pursuant to Section 2-18-618, MCA (if donating sick leave), or completed the 180-day qualifying period to use annual leave, Section 2-18-611, MCA (if donating annual leave);
 - b. submit a completed Sick Leave Form to the appropriate Agency staff that shows a full-time employee is making an initial contribution of a minimum of 8 hours of accrued sick and/or annual leave to the Fund. Agencies shall prorate the initial contribution to the Fund for a part-time employee based on either:
 1. the part-time employee's regular schedule at the time the employee makes the initial contribution; or
 2. the average amount of time the part-time employee is in a Pay Status when Agency management cannot determine or has not assigned a regular schedule. For example, if during the two or more pay periods preceding the initial contribution a part-time employee was in a Pay Status an average of 20 hours per week, the employee's minimum initial contribution is 4 hours.
 3. A contribution to the Sick Leave Fund may not reduce a full-time employee's balance of sick leave or annual leave below 40 hours. 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 Agency management cannot determine or has not assigned a regular schedule. For example, if during the two or more pay periods preceding the initial 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 each of sick leave and annual leave after making the contribution.
 4. Each employing Agency shall certify an employee is eligible to contribute sick and/or annual leave as described above. Each Agency is responsible for deducting Fund contributions from an employee's sick leave and/or annual leave accounts. Employing agencies shall submit completed Sick Leave Forms to the Department. See Section VII.D of the Sick Leave Fund and Direct Grant Policy for more information.
 5. All contributions to the Fund are voluntary and irrevocable.
 6. An employee remains a Participating Employee unless or until the employee:
 - a. fails to authorize an additional contribution pursuant to Section IX of the Sick Leave Fund and Direct Grant Policy;
 - b. terminates employment with state government; or

c. resigns in writing from the Fund.

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 the form to their employing Agency.
4. After the employing Agency has approved the hours the employee wishes to donate to the Sick Leave Fund, the completed Sick Leave Fund Contribution Form should be submitted to the Health Care & Benefits Division (HCBBD) 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>.

If the employee is donating excess annual leave that will be forfeited, the employing Agency must attach documentation to the Sick Leave Contribution Form stating the hours are excess, and the employee is donating the hours instead of forfeiting the hours.

Time Reporting Codes for Sick Leave Fund Contributions,
to be entered by the Agency Payroll/HR.

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 employing Agency to join the Sick Leave Fund or to make an additional contribution to the Sick Leave 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 Sick Leave Fund**. Employees may not contribute more than 80 hours of combined sick leave and/or annual leave per calendar year (except for excess annual leave being forfeited, which has no maximum contribution). 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). This amount is prorated for part-time employees.

Once your employing Agency has approved this contribution, your Agency will send the completed form via email to benefitsquestions@mt.gov.

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 Sick Leave 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 to be eligible to receive sick leave from the Sick Leave Fund.

Contributing Employee Name (please print) _____

Employee ID # _____ Agency # _____

Contributing Employee Signature

Date

SECTION II (to be completed by employing Agency)

I certify that the above-named employee has met the criteria described above and is eligible to join the Sick Leave Fund or make a contribution to the Sick Leave Fund. The employee's total contribution to the Sick Leave Fund and/or Direct Grants to other employees have not exceeded 80 hours (except for 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 _____.

Employing Agency Payroll Clerk's Signature

Payroll EID#

Date

Agency #

Health Care and Benefits Division: Date Input _____