



DONATED SICK LEAVE FORM

Donor's Name (print):

Donor's Department:

Name of employee requesting donations:

Number of Sick Leave hours donated (max of 40 is allowed):

By signing this form, I understand per the **Donated Sick Leave policy 3-6**:

- Donated Sick Leave is for an employee on approved FMLA, MT Maternity Act or HR approved medical leave, in which the employee is "medically unable to work" and they have exhausted all their own accruals.
- This is a voluntary donation.
- The maximum Sick Leave hours the donor can donate to one individual in a one-year period is 40 hours.
- A minimum balance of 120 hours must remain in my sick leave bank after this donation.
- Donations are on a first-received, first-used basis.
- When needed, donated Sick Leave hours are deducted from the donor's Sick Leave accrual bank, and the donation does not affect the donor's Sick Leave Incentive.
- When used, only the amount of Sick Leave hours needed will be deducted from the donor's Sick Leave accruals regardless of the total amount donated.
- If Sick Leave hours were donated, but not needed, then this donation will expire 90 days from the date it was received, unless the donor contacts Human Resources to retract the donation prior to use or expiration.
- "Donation of Sick Hours" in the earnings section of the donor's paystub or in the donor's portal will be notification that Sick Leave hours have been donated.

Donor's Signature:

Date:

Email completed form to: Payroll@billingsmt.gov
