



EMPLOYEE REQUEST FOR DONATED SICK LEAVE

To be completed by employee requesting donated sick leave:

Employee Name (print): _____

Employee Department: _____

I would like to request donations of sick leave from:

My Department Only City-wide

By signing below, I understand that:

- I am on approved FMLA or MT Maternity Act leave and am medically unable to work
 - The maximum number of hours I can receive in a twelve-month period is 480 hours, unless I have not completed my one-year probationary period
- I have completed at least 180 days of continuous service, and I am on approved medical leave from Human Resources
 - If I have not completed my one-year probationary period at the time of this request, the maximum number of donated hours I can receive in a twelve-month period is 240.
- I must use all available accruals each pay period prior to using any donated hours
- If Sick Leave hours were donated, but not needed, then the 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.
- Donor names and the number of hours donated will be kept confidential.
- I have read and will abide by all provisions of the **Donated Sick Leave Policy 3-6**.

Requesting Employee's Signature:

_____ Date: _____

Department Director Approval:

_____ Date: _____

Email completed form to: FMLA@billingsmt.gov

To be completed by Human Resources – FMLA/Medical Leave coordinator:

- | | | |
|---|-----|----|
| ◦ Approved FMLA case and/or MT Maternity Act applies: | Yes | No |
| ◦ Approved Medical Leave & 180 days of continuous work? | Yes | No |

HR Decision:

Date of Approval and shared with Department signer & payroll: _____

Date of Denial and shared with Department signer & payroll: _____



DONATED SICK LEAVE

This policy supersedes all previous policies and/or handbooks published by the City of Billings. Negotiated labor contracts that conflict with this policy will take precedence to the applicable extent.

POLICY

Donated Sick Leave is for an employee on approved Family Medical Leave Act (FMLA) or MT Maternity Act leave in which the employee is “medically unable to work” and has exhausted all of their own accruals.

Employees are not eligible to request or receive sick leave donations until completion of at least 180 days of continuous service. After 180 days of continuous service, and until completion of the one-year probationary period, employees will be eligible to receive up to 240 hours of donated sick leave.

After completion of the probationary period, an eligible employee may accept up to 480 hours of donated sick leave in a twelve-month period. The twelve-month period begins with the pay period of the first use of donated leave.

The employee requesting donated sick leave must use ALL available accruals (e.g., vacation, sick leave, compensatory time, personal day(s), holiday leave bank, etc.) prior to utilizing sick donations.

Donated sick leave hours cannot be used for Funeral Leave or an absence due to Worker’s Compensation injury/illness when wage replacement benefits are available and offered to the employee.

Employees who are eligible to use their accrued sick leave may donate a portion of their own sick leave to another employee who has used up all of their accumulated sick, vacation, personal days (PTO), and compensatory time due to an approved FMLA qualified event or MT Maternity Act leave.

An employee can donate up to 40 hours to an individual employee during a calendar year. Donating employees must have a minimum balance of 120 hours of sick leave remaining after the donation.

Any donated sick leave will be deducted from the sick leave bank of the donating employee but will not be considered sick leave used and therefore will not affect the employee’s sick leave incentive. Donated hours will be credited to the employee and deducted from the donating employee each pay period as needed. The employee needing donations will use their own accruals each pay period prior to utilizing any donated hours.

The sick leave donation is voluntary, and names of sick leave donors will be kept confidential to the extent allowed by law, unless the donor allows the release of their name to the recipient. At no time will the number of donated hours be released. Donating employees should monitor their sick leave balances in

their Employee Portal account or on their pay stubs, as Human Resources will not notify donors when their donation may be used.

PROCEDURE

Employees who meet the criteria to receive donations must complete the Employee Request for Donated Sick Leave form and submit it to their supervisor. The request for donations of sick leave can be made within the employee's department only, or citywide, with the approval of the employee's Department Director. The Employee Request for Donated Sick Leave Form is found on the City's website under Human Resources, Forms and Resources.

If the request for donations of sick leave is made within the employee's department only, the Department Director will communicate the request within their department. If the request for donations of sick leave is made citywide, then payroll will communicate the request throughout the City.

Donated hours are used on a first-received and first-used basis. If sick leave hours are donated but not needed, then the donation expires 90 days from the date it was received in Human Resources, unless the donor contacts Human Resources to retract the donation prior to use or expiration.

Employees who wish to donate sick leave hours will submit the completed Donated Sick Leave Form found on the City's website under Human Resources, Forms and Resources