



Application for Medical Leave Assistance Fund

This application must be complete in order to be considered.

Employee's Name:	Date of Application:
Employee ID #:	Department:

Reason for making the application: (If it is an immediate family member who is ill or injured, please note the relationship of the person to you)

How much SLR time are you requesting?

I **want** / **do not want** (*circle one*) my name to be used in the communication if this request is granted and HR solicits donations from staff.

The information I have provided is accurate and current. I have used all accrued CTO and SLR. I have attached a certification form from the appropriate physician verifying that I need to be out from work for the amount of time requested.

I understand that the Manager of Human Resources will review my application and will determine whether I qualify for the amount requested. I understand that failure to provide complete and accurate information may disqualify me from receiving any funding. I have read the Medical Leave Assistance Fund information and understand it.

Applicant's signature

Date

Please submit to:
Manager, Human Resources Office, Casa Fuente Building
Middlebury Institute of International Studies at Monterey

