

## **Medical Leave Assistance Fund (MLAF)**

**Purpose:** There are circumstances in which an employee may find him/herself in an emergency medical situation without enough accrued CTO (Combined Time Off) or SLR (Sick Leave Reserve) to cover the amount of time required for the absence. At such times, if the employee meets the prerequisites, he/she may make application to the fund for up to the equivalent of 160 hours of paid sick leave reserve within a 12-month period. Appeals can be made for further use of the Medical Leave Assistance Fund (MLAF) in situations requiring absences of a longer duration.

An emergency medical situation is defined as the incapacitation of an employee for an extended period of time due to a non-work-related illness or injury, which creates a financial hardship as the employee has exhausted all accrued CTO and SLR. The emergency medical situation may relate to either the employee or a member of her/his immediate family. The latter refers to an employee's spouse, domestic partner, civil union partner, parent, parent of a spouse, domestic partner or civil union partner, and child, stepchild, foster child, or ward.

### **Prerequisites for applying to the fund:**

1. The employee must be employed at the College in a benefits eligible position for six-months .
2. Prior to application to the fund, the employee must have exhausted his/her CTO and SLR.
3. During the time away from work, the employee must not be receiving any disability benefits, or other type of College-related payments.
4. The employee must have received no warnings or reprimands during the year prior to the request to the Medical Leave Assistance Fund.

### **Application to the fund:**

1. The employee or his/her representative, if the employee is medically unable to do so, must request an application form from the Human Resources Office.
2. The employee or his/her representative must provide all information requested on the application.
3. The employee's or immediate family member's physician must complete a certification form, if FMLA is not being used. In cases in which the FMLA is applicable, please make note of it on the application form.
4. The employee or his/her representative must return the completed application and physician's form to the Human Resources Office.

**Administration of the fund:**

1. Upon receipt of the application, Human Resources will review the application for completeness and review the applicant's employment information to ensure all eligibility requirements have been met.
2. Upon review of the application, HR will contact the applicant or his/her representative. If the applicant does not meet the requirements, HR will advise the employee or his/her representative of the decision.
3. If all eligibility requirements have been met, HR will ask the employee or his/her representative whether his/her name should be used in the staff query.
4. Once an application has been approved, HR will send an All Staff e-mail advising staff that an application to the fund has been made if funds are not available in the MLAF pool. The notice will ask that the recipient post the request for those without immediate e-mail access. The employee's name will be used only if permission was given. Members who are interested in donating time will complete a donation form and return it to the Generalist. While the donation will be made in time increments, the number will be converted to dollars based on the donor's rate of pay.
5. Upon receipt of MLAF donations, or if there are residual funds in the pool, HR will enter a Medical Leave Assistance Fund grant in the employee's pay information during payroll processing.
6. The employee will be paid the donated time through the regular biweekly pay process, and therefore will be paid a maximum of the equivalent of 77.50 or 80 hours per pay period depending on his/her regular schedule.
  - *Example:* An employee makes application for one week's amount of Medical Leave Assistance Fund and is approved for funding. The applicant makes \$8.00/hour and works a 40-hour workweek. This translates into a maximum of \$320/week that can be requested per week. The donor makes \$12.00/hour and works a 38.75-hour workweek. This translates into a donation of \$465 for one week's worth of CTO. Upon distribution of the donated time, the approved applicant will receive \$320 while the MLAF will contain a balance of \$145 to be used in the future by other approved applicants. The remaining amount will not be re-deposited into the donor's CTO account.
7. If no donations are made and there is no balance in the fund, the applicant will not receive any payment. If partial funding of the approved applicant's request can be made, it will be paid. The remainder cannot be made up in a future payment.
8. If the employee is offered a transitional light duty job to accommodate any applicable medical restrictions, funding from the Medical Leave Assistance Fund will cease.

**Donation to the fund:** An employee who has a minimum of 80 hours of CTO and/or SLR may make a maximum contribution of 10 hours of CTO to the MLA fund. This is done by completing the Donor form and sending it to the Disability/Leave Coordinator when an appeal for a donation is sent out to staff. SLR and/or CTO hours cannot be donated to the Medical Leave Assistance Fund upon notification of termination of employment.

## 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 Medical Leave Assistance Fund 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 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.

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Applicant's signature

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Date

Please submit to:  
Human Resources  
Human Resources Office, Service Building  
Middlebury College