

Medical Leave Assistance Fund (MLAF)

Purpose: There are circumstances in which an employee may find themselves 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, they 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 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 their immediate family. The latter refers to an employee's spouse, domestic partner, civil union partner, parent, parent of 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 their 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 their representative, if the employee is medically unable to do so, must submit an application to the GMHEC Leave Specialist at benefits@gmhec.org.
2. The employee or their representative must provide all information requested on the application.
3. The employee's immediate family member's physician must complete a certification form, if FMLA is not being used. In cases in which FMLA is applicable, please make note of it on the application form.
4. The employee or their representative must return the completed application and physician's form to benefits@gmhec.org.

Administration of the fund:

1. Upon receipt of the application, the GMHEC Leave Specialist 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, the GMHEC Leave Specialist will contact the applicant or their representative. If the applicant does not meet the requirements, the Leave Specialist will advise the employee or their representative of the decision.

3. If all eligibility requirements have been met, the Leave Specialist will ask the employee or their whether their name should be used in the staff query for CTO donations.
4. Once an application has been approved, if funds are not available in the MLAF pool, Human Resources will send an All Staff email message advising staff that an application to the fund has been made. The employee's name will only be used in the notice if the permission was granted. Employees that are interested in donating time can do so in Oracle HCM Absence module.
5. Upon receipt of MLAF donations, or if there are residual funds in the pool, Human Resources will enter the Medical Leave Assistance Fund grant in the employee's absence SLR bank.
6. 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.
7. 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.

Donations 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 MLAF. Process listed below:

1. Navigate to Me > Time and Absences > Donations
2. Click on "+ Add" button
3. Change "Date" to today, select "MLAF Bank" from the dropdown menu under Recipient and enter the number of hours you would like to donate in "Donation Amount" box. Contributions may range from 1 hour of CTO up to 10 hours of CTO.
4. Click "Submit" button

Application for Medical Leave Assistance Fund

Employee Name	Date of Application
Employee ID#	Department

Reason for applying for MLAF: (If it is an immediate family member who is ill or injured, please indicate relationship)

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.

Applicant's signature

Date

Please submit to GMHEC Benefits Leave Specialist by email or postal mail

benefits@gmhec.org

Green Mount Higher Education Consortium

ATTN: Leave Specialist

120 Graham Way

Shelburne, VT 05482

802.443.5566