

EMERGENCY LEAVE FUND PARTICIPATION FORM



To: Full Time Certificated, Administrative,
& Classified Employees
From: Director of Human Resources

Re: **Emergency Leave Fund**

I wish to participate in the Emergency Leave Fund. I understand that one day sick leave will be deducted from my accumulated total and that I may be assessed at a later time for additional days. I also understand that I am eligible to benefit from the E.L.F. if and when there is a need and the proper procedures set forth are followed.

I do not wish to participate in the E.L.F. and fully understand that I will not be eligible for any benefits derived from this fund.

A. In consideration of the benefits of participating in the E.L.F. each applicant for membership in the Fund and for benefits from the Fund shall, as a condition of such application, agree in writing as follows:

“I specifically acknowledge and agree that the granting of days from the E.L.F. shall be at the sole discretion of the E.L.F. Board. All decisions of the E.L.F. Board will be final and is binding and not subject to grievance. I further agree to abide by such decision and to indemnify and hold harmless the Middletown City School District, Middletown Teachers Association, the E.L.F. Board, and all of their agents for any loss they may sustain as the result of any claim or legal proceedings I may bring against any of them with respect to a decision made by any of them concerning this application.”

B. When an employee donates days to the Fund, he agrees to the above stated rules for administration of the Fund and agrees to abide by the stated rules.

C. For every incident, an ELF Leave Request Form and a Physician Verification form must **both** be submitted prior to the leave or procedure. In the event of an unforeseen situation, information may be submitted at the earliest possible time and days may be awarded retroactively. This will be determined at the discretion of the ELF Board. The ELF Board will review the information. The decision of the ELF Board is final.

This form must be returned to the Director of Human Resources as soon as possible, but no later than October 1st.

Printed Name

Date

Signature

Please submit this request to the Director of Human Resources:
Middletown City School District,
One Donham Plaza, 4th Floor,
Middletown, Ohio 45042