

# Pittsford Schools

## REQUEST FOR PRORATED HEALTH FUND BENEFIT

### Employee Request Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Building \_\_\_\_\_

\_\_\_\_\_ Check if full-time                      If not full-time, what is your FTE? \_\_\_\_\_

Full-time staff members who are not on the payroll as of October 1, but who are on the payroll before February 1 of the school year, shall be eligible for a pro-rated portion of the health fund, according to the following schedule:

On the payroll before November 1:	80% of the benefit
On the payroll before December 1:	70% of the benefit
On the payroll before January 1:	60% of the benefit
On the payroll before February 1:	50% of the benefit

Part-time staff members of .5 or more shall receive a prorated contribution of the above schedule.

In order to receive this prorated contribution, staff members must fill out and submit this form to the Human Resources Office no later than March 1<sup>st</sup> of the school year in which the pro-rata portion of the Health Fund is claimed. If this form is not received in the Human Resources Office by the close of business on March 1<sup>st</sup>, the individual relinquishes all claims to the Health Fund for that year.

I was not on the payroll on October 1<sup>st</sup> of this school year.

I returned to work on:

\_\_\_\_\_

Date

I have read the above criteria and am applying for \_\_\_\_\_% of the Health Fund benefit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Return to: Human Resources Office by March 1.**