



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 1st 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 1st, the individual relinquishes all claims to the Health Fund for that year.

I was not on the payroll on October 1st 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.