

# Medical Emergency Pool (MEP) Application Form

Please fill out this form and return to Andy Craig, Union MEP representative, at Lake Middle School or [acraig@sowashco.org](mailto:acraig@sowashco.org) to process the application. You will receive a copy of the document when days are approved or denied.

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ M.I. \_\_\_\_\_

Employee #: \_\_\_\_\_ FTE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Anticipated number of MEP days needed (Max 15 per request): \_\_\_\_\_

Member Signature: \_\_\_\_\_

By signing this form, I agree to provide the Union MEP representatives the information necessary to make a decision regarding my application, including but not limited to the reason for my need to access the Medical Emergency Pool, which may include personal medical information. Additionally, I agree to give the Union MEP representatives permission to communicate with District HR representatives regarding PAL balance and status of Leave of Absence.

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I have coordinated with payroll to ensure I will run out of PAL days.

Date of last day of PAL time \_\_\_\_\_

I have paperwork on file with HR for Leave of Absence.

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## COMMITTEE ACTION

Date received: \_\_\_\_\_

Approved      Number of Days/Hours: \_\_\_\_\_

Denied      Reason: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_