	ENTITY/HOSPITAL INTEGRIS	NUMBER SYS-HR-252
	MANUAL System HR Policy	EFFECTIVE DATE 5/07
	SUBJECT Application for Award of Donated PPL ATTACHMENT 1	REVISED 5/07, 1/14, 1/17

EMPLOYEE EMERGENCY RESOURCE FUND

APPLICATION FOR AWARD OF DONATED PPL

Date:	Name:
Employee ID#:	Address:
Work phone #:	City, State:
Home phone #:	Zip code:
Other contact #: (i.e. cell, pager, relative)	Personal Email Address:

Please review the following eligibility criteria as defined in the PPL Leave Sharing Policy, SYS-HR-252, before completing the Application for Award of Donated PPL.


In order to be a "Qualifying Employee", an INTEGRIS employee must meet the following criteria:

- The employee must be a full-time or regular part-time employee of INTEGRIS.
- The employee must be experiencing a **medical emergency** or be involved in a **major disaster**.
- The employee must have already exhausted all of his/her accumulated PPL. In addition, if the employee's condition or the condition of his/her spouse, child, or parent qualifies the employee to use EIAB, the employee must also have exhausted any accumulated EIAB.
- The employee may not have received donated PPL from the Leave Sharing Bank at any time during the twelve (12) months prior to the date of his/her most recent application to the EERF.
- The employee must not be eligible for short term disability benefits.

Definitions:

"Medical emergency" includes a serious health condition as defined by the FMLA (Family and Medical Leave Act) experienced by an employee for a period greater than four (4) weeks that renders the employee unable to perform his or her regularly scheduled duties on either a regular or intermittent basis or a serious health condition, as defined by the FMLA, experienced by the spouse, child, or parent of an employee for a period greater than four (4) weeks for whom the employee must miss regularly scheduled work to care for on either a regular or intermittent basis.

"Major disaster" includes any natural or man-made disaster declared to be a "major disaster" by the President of the United States.

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Please answer every question. If application is not completely filled out, your request may not be considered, or action upon your request may be delayed.

Have you previously applied for donated leave from the Employee Emergency Resource Fund?

Check One: ____ Yes ____ No If yes, when? _____

How many donated PPL hours are you requesting? _____

Marital Status (Check One) :

____ Married ____ Single ____ Divorced ____ Separated ____ Widow

Shift: _____ Employment Status: ____ FT ____ PT ____ OPT

Hire Date: _____ Medical Emergency/ Major Disaster Start Date: _____

Job Title: _____ Department: _____

Number of dependents living at home: _____

Please list the age and relationship information for **all dependents living at home below*


Age: _____ Relationship: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Please explain why this request should be considered a “**medical emergency**” or how you have been affected by a “**major disaster**”? (Please consult the policy for definitions of “medical emergency” and “major disaster.”) Please include with your application documents that support your claim of a “medical emergency” or “major disaster.”

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How long do you anticipate this medical emergency / major disaster to continue? Explain. (You may attach additional sheets, if necessary.)

Completed applications may be emailed to Lacie.Kahl@integrisok.com, faxed to (405) 949-3685, or sent by interoffice mail (attn: Lacie 001.7375).

Contact Lacie Kahl at 405-212-2062 with any questions.

For Committee Use Only:	
Date Presented to Committee: _____	Status: ____ Granted ____ Denied
Grand Total Hours: _____	
Employee Notified: _____	By: _____