CARLSON Cares

UNPAID TIME OFF DETAILS FORM

In situations where a household wage earner missed wages due to a qualified incident, the Fund may be able to pay for regular monthly bills up to the amount lost in wages. To qualify, please complete this form and submit it with your application for Financial Assistance. Keep in mind that this fund only addresses unpaid time off up to 120 days prior to your application date.

Who missed wages due to the reported incident? _____

What is the date of the incident that you are reporting? ____/____/____

1. What is the total number is of hours missed? _____
2. How many of these hours did you use sick or vacation time? _____
3. How many of these hours were paid with Short Term Disability? _____

   What percent of your pay were you receiving? _____
4. How many of these hours were paid with Long Term Disability? _____

   What percent of your pay were you receiving? _____
5. How many of these hours were completely unpaid? _____
6. What is your regular hourly wage? $ _____

REQUIRED ATTACHMENTS

- Copies of all pay stubs detailing your unpaid time off

Please note: This form is not appropriate for loss of household income due to cut back in hours/overtime, unemployment, or lack of child support.

Your signature certified that the information provided is true and complete.

Applicant Signature Date Applicant Name (PLEASE PRINT)