

**CITY OF CABOT
CATASTROPHIC LEAVE BANK PROGRAM
ENROLLMENT**

**PLEASE TYPE OR
PRINT LEGIBLY**

INSTRUCTIONS

1. **Employee:** Complete and sign Part I and forward to your supervisor.
2. **Supervisor:** Complete and sign Part II and forward to Human Resources.
3. **Human Resources:** Complete and sign Part III and process donation.

PART I – COMPLETED BY PARTICIPANT

| | | |
|--|--|------------------------|
| Name of Participant (Last, First, Middle Initial) | Hire Date | Social Security Number |
| Department | | |
| Amount of Sick Leave Hours Donated Upon Enrollment | Amount of Sick Leave Hours Donated Each Year | |
| 8 | 4 | |

I understand that:

1. I am making this donation entirely of my own free will and that no attempts have been made to coerce me to participate in the Catastrophic Leave Bank Program. I have no right under any circumstances to have any of the donated leave restored to my accrued Vacation or Sick Leave Totals.
2. I am unable to donate leave if the donation reduces my combined Vacation and Sick Leave balance to less than eighty (80) hours (except upon termination or retirement) and that I am not eligible for an award until I have made the required annual donation.
3. By enrolling, I agree to donate an immediate eight (8) hours of sick leave and an annual four (4) hours of sick leave in December of each year to the Catastrophic Leave Pool. In order to cancel participation, I must submit a written letter to Human Resources with an effective date at which time I am then ineligible for an award of catastrophic leave.

Would you be interested in serving as a member on the Catastrophic Leave Committee?

- Yes
 No

| | |
|--------------------|------|
| Signature of Donor | Date |
|--------------------|------|

PART II – COMPLETED BY DONOR'S SUPERVISOR (person that signs timecard)

| | |
|---|---------------------------|
| Sick Leave Hours Balance After Initial Donation | Effective Date of Balance |
| Supervisor's Name | Supervisor's Signature |
| | Phone Number |

PART III – COMPLETED BY HUMAN RESOURCES

| | | |
|---|--------------------------|--------------------------------|
| Donor's Participation Status | Date enrollment received | Dollar Value of First Donation |
| <input type="checkbox"/> Initial 8 hours donated <input type="checkbox"/> Added participant to Catastrophic Leave Bank Program | | |
| Signature of Human Resources Representative | | Date |