

**CITY OF LITTLE ROCK
CATASTROPHIC LEAVE ENROLLMENT
AND CONTRIBUTION AUTHORIZATION FORM**

DECEMBER 2015 - ENROLLMENT PERIOD

*Note: If you already participate in this program, there is no need to re-enroll each year.
Re-enrollment is automatic unless a request to withdraw is submitted.*

Employee Name: _____ Employee #: _____

I hereby request participation in the City of Little Rock Catastrophic Leave Bank program.

I agree to contribute _____ hours (minimum of eight hours for 40-hour employees; 24 hours for 56-hour employees) from my **(circle one)** sick leave or vacation leave or paid time off or short-term disability leave accrual, upon implementation of the bank and on each plan anniversary date until and unless I provide notice in writing that I wish to cease participating.

I understand that any leave contributed will belong to the bank and cannot be restored to me even if I cease participation. After a request to cease participation, I understand that I will continue to participate until the next plan anniversary date but after that date I will not receive any benefit unless I complete a new enrollment and make the required contribution.

I also understand that any request for use of Catastrophic Leave requires the following:

1. Exhaustion of all accumulated leave for a personal serious health condition.
2. Absence of at least two weeks/ten workdays before Catastrophic Leave can be granted (includes time used in accordance with #1 above).
3. Specific documentation from an attending physician, including diagnosis, prognosis, projected return to work date, and any anticipated restrictions on work activities as of that release date.
4. Approval by the Catastrophic Leave Bank Committee.
5. Completion of a request form with all required information and documentation.
6. Sufficient Catastrophic Leave Bank hours available for use.
7. I may have to supply documentation for previous leave usage and that the Committee may contact my supervisor, department director and/or review my personnel file to determine if leave abuse has occurred.

Signature

Date

**Return form by December 31, 2015 to Leslie Cloer at lcloer@littlerock.org or via
Fax Number: 501-371-4496**