

**CATASTROPHIC LEAVE ENROLLMENT
AND CONTRIBUTION AUTHORIZATION FORM**

Employee Name: _____

Social Security Number: _____

I hereby request participation in the City of Little Rock Catastrophic Leave Bank program. I agree to contribute _____ hours (minimum of eight for 40-hour employees; 24 for 56-hour employees) from my personal (circle one) sick leave or vacation accrual or paid time off or short-term disability 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.
2. Absence of at least four weeks/twenty 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 sick leave usage and that the Committee may contact my supervisor, department director and/or review my personnel file to determine if sick leave abuse has occurred.

Signature

Date