## 2013 OPEN ENROLLMENT CITY OF FORT WORTH VOLUNTARY LEAVE BANK FOR NEW PARTICIPANTS

EMPLOYEE NUMBER:	PRINT NAME:	
who have exhausted all of the	rogram provides for the continuation eir accrued leave and are required to e for an immediate family member wh	be off work due to a personal
Under this program, a medica or immediate family member.	al emergency is a <b>CATASTROPHIC</b> .	medical condition of an employee
•	his time please sign and date this for efits Division of the Human Resource	. •
	in the leave bank at this time, your uring the month of October.	r next opportunity to enroll
the second pay check in Janu	ours of vacation leave time will be decuary. A one (1) hour vacation leave decuase you remain enrolled in the plan.	
<ul> <li>Donated leave hours organization, group or</li> <li>Grants of leave is limi</li> <li>Members who are off Bank Program</li> <li>Access to the progran of leave. Each applicated the Members of the Volum sole intent is to author and who (also) have a carrow of a minimum teave bank Program dropped from the program of the Leave Bank Com</li> <li>The Leave Bank Com</li> </ul>	ted to a maximum of 240 hours in any work due to an on-the-job injury do not is not guaranteed by membership; relation is reviewed on an individual basistary Leave Bank Committee are stewrize access only to employees who has history of prudent use of leave time access has been approved will, upon of eight (8) hours leave, donate to make the leave will approve or disapprove the process of the second of the process of the second of the second of the second of the process of the second of the process of the second of the second of the second of the second of the process of the second of	y 12 month period ot have access to the Leave no one is guaranteed 240 hours is.  wards of the Leave Bank and thei ave a proven medical/family need no return to work and after those eight (8) hours to the required eight (8) hours will be request within 10 working days.
☐ I wish to enroll.	☐ I DO NOT wish to enroll.	☐ I wish to dis-enroll.
EMPLOYEE SIGNAT	 URE	DATE SIGNED