

**Administrator's  
Catastrophic Illness Leave Bank  
ENROLLMENT CONTRIBUTION FORM**

**Open Enrollment Form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
*Please Print* *Please Print*

**AUTHORIZATION**

I am interested in joining the *Administrator's Catastrophic Illness Leave Bank*. I authorize the Personnel Department to deduct two (2) accumulated, earned sick leave day from my personal sick leave accrual. I have been given the Administrators Catastrophic Illness Bank Policy and I understand and agree to abide by its regulations

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Department: \_\_\_\_\_ Date: \_\_\_\_\_