



CITY OF BIRMINGHAM, AL

SICK LEAVE BANK

MEMORANDUM OF UNDERSTANDING

Employee Name: _____

Employee No.: _____

Employee Dept.: _____

Any full-time, permanent classified and unclassified employees who are compensated for services by the City of Birmingham and accrue sick leave may apply for voluntary membership in the Sick Leave Bank. The purpose of the Sick Leave Bank is to assist participating employees who have exhausted all accrued leave balances as a result of the following:

- Non-job related personal catastrophic medical event or sudden change in health, or
- Catastrophic medical event or sudden health change of an employee's immediate family member or an individual who resides in the employee's home.

Only employees who donate the required hours to the Sick Leave Bank shall be eligible to request withdrawal.

SICK LEAVE BANK

I understand that each employee electing to participate in the Sick Leave Bank shall contribute sixteen (16) hours of accrued sick leave when entering the Plan *and* an additional eight (8) hours of accrued sick leave hours each year thereafter. Assessments shall be made on July 1 of each year.

I understand in the event the Sick Leave Bank's balance falls below 30%, all Sick Leave Bank members must contribute their next accrued eight (8) hours of sick leave. Failure to contribute sick leave as required by the Committee's assessment of the Sick Leave Bank balance will result in the member's involuntary termination from the Sick Leave Bank and the forfeiture of all benefits and rights with respect to sick leave previously contributed.

I understand once employees elect to participate in the Sick Leave Bank, membership is established for the duration of their employment by the City of Birmingham, unless the employee submit written notification to Human Resources to discontinue membership or decline to make the required contribution to the Sick Leave Bank. I further understand that the contribution is nonrefundable and nontransferable as of the date the contribution is fully executed.

Please select one below:

ELECT ENROLLMENT

_____ I voluntarily elect to be a member of the Sick Leave Bank. I understand that eligible employees may enroll by contributing sixteen (16) hours of accrued sick leave when entering the Plan *and* an additional eight (8) hours of accrued sick leave hours each year thereafter.

By my signature below, I certify that I have read and understand the Sick Leave Bank Policy. I fully understand and agree with the terms of the policies and statements above.

SIGNATURE OF APPLICANT

DATE

DECLINE ENROLLMENT

_____ I voluntarily decline to be a member of the Sick Leave Bank.

By my signature below, I certify that I have read and understand the Sick Leave Bank Policy. I voluntarily decline to be a member of the Sick Leave Bank.

SIGNATURE OF APPLICANT

DATE