



CITY OF BIRMINGHAM, AL
VACATION 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 vacation leave may apply for voluntary membership in the Vacation Leave Bank. The purpose of the Vacation Leave Bank is to assist participating employees who have exhausted all accrued leave balances (except maternity and paternity requests), as a result of the following:

- Non-job related personal catastrophic, disastrous or devastating event, or
- Paid Maternity or Paternity leave

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

VACATION LEAVE BANK

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

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

I understand once employees elect to participate in the Vacation 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 Vacation 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 Vacation Leave Bank. I understand that eligible employees may enroll by contributing eight (8) hours of accrued vacation leave when entering the Plan *and* an additional eight (8) hours of accrued vacation leave hours each year thereafter.

By my signature below, I certify that I have read and understand the Vacation 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 Vacation Leave Bank.

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

SIGNATURE OF APPLICANT

DATE