PIMA COUNTY

CATASTROPHIC LEAVE BANK

For best results, please complete this form electronically.

Employee Enrollment Contribution Form

Deliver to CAT Bank at *CATBankAdmin@pima.gov*, *150 W Congress, 4th floor* or by Fax *520-791-6514*.

Employee Name:		EIN:	Date of Request:
Current Mailing Address:		City:	State: / Zip:
Job Title/Classification:	Department Name/Code:		Date of Hire:
Please send CAT Bank correspondence to: (select all that apply) ☐ My mailing address above. ☐ My work email: _____ ☐ My home email: _____		Work days (ex: M-F): Hours worked per day: (ex: 8 hrs)	Work Phone: Home Phone: Cell Phone:

In accordance with Pima County Personnel Policies and Administrative Procedure 23-46, I agree that:

☐ **I am electing to enroll and participate in the Pima County Catastrophic Leave Bank Program.**

Please take sick and annual leave, as it accrues, in the amount indicated below.

- ☐ I am a full-time employee and understand there is an initial contribution requirement of 16 hours.
- ☐ I am a part-time employee and understand there is an initial contribution requirement of 8 hours.
- ☐ I am a part-time employee enrolling at the higher full-time level and understand there is an initial contribution requirement of 16 hours.

☐ **I do not want to enroll or participate in the Pima County Catastrophic Leave Bank Program.**

I understand that I will not have the option to enroll or participate at a later time.

I understand and acknowledge by submitting this form that:

- I have read and understand Administrative Procedure 23-46 Catastrophic Leave Bank Program (CAT Bank).
- I am eligible to apply for CAT Bank membership.
- I know my options regarding becoming a member of the CAT Bank.
- I may be required to contribute up to a maximum of 8 hours annually for full-time enrollment or 4 hours annually for part-time enrollment.

Name and Signature of Employee	Date

CAT BANK Use Only

Date Form Received: 70114	Hours Donated:	# hrs Sick	# hrs Annual
Date of hire:	ppe _____	_____	_____
Enrollment is: ☐ Complete ☐ Cancelled	ppe _____	_____	_____
Effective Date of enrollment: _____	ppe _____	_____	_____
CAT Bank Admin Signature/date:	ppe _____	_____	_____

E-CAT