

ENROLLMENT FORM

MEMORANDUM OF UNDERSTANDING/VACATION LEAVE BANK PLAN

NOTE: "YOU and "YOUR" within this application refer to the Proposed Applicant. PLEASE PRINT ALL INFORMATION.

Personal Profile

1. a.) Your Full Legal Name (Last, First, Middle)		b.) Social Security Number	
c.)	d.) Date of Birth (MM/DD/YY)	Telephone Numbers	
<input type="checkbox"/> Male		HOME: _____	CELL: _____
<input type="checkbox"/> Female		WORK: _____	

2. Residence Address:

Street _____ Apt. Number _____

City _____ State _____ Zip _____

Occupation

3. a.) Occupation and/or Job Title:	b.) Years of Service:
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Income & Vacation Balance

4. GRADE & STEP	5. Accrued Leave Balance
	Vacation _____ Hours
	Sick _____ Hours
	Comp Time _____ Hours

Employee Acknowledgement

By completing and signing this Enrollment form I understand that I must contribute the following to the Vacation Leave Bank:

- Eight (8) hours of accrued vacation leave initially
- Additional amounts of accrued vacation leave, if so ordered by the Vacation Leave Bank Committee to prevent the Plan from being under funded.

Date _____

Date _____

WITNESS

APPLICANT