



**CITY OF BIRMINGHAM, AL**  
**LEAVE BANK ENROLLMENT APPLICATION**

I. EMPLOYEE INFORMATION:		
First Name:	Last Name:	MI:
Employee ID:	Job Title:	
Phone Number:	Email Address:	
Department:	Supervisor:	

II. SICK LEAVE BANK: Please complete to apply for membership into the Sick Leave Bank	
<p>I request to apply for voluntary membership into the Sick Leave Bank. I understand that I must contribute sixteen (16) hours of accrued sick leave when entering the Plan and an additional eight (8) hours of accrued sick leave each year thereafter. I do hereby certify in making this contribution, that Human Resources has permission to transfer sixteen (16) hours of my sick leave and an additional eight (8) hours of sick leave each year thereafter into the Sick Leave Bank. I further understand that the contribution is nonrefundable and nontransferable as of the date the contribution is fully executed.</p>	
_____	_____
Signature of Applicant	Date

III. VACATION LEAVE BANK: Please complete to apply for membership into the Vacation Leave Bank	
<p>I request to apply for voluntary membership into the Vacation Leave Bank. I understand that I must contribute eight (8) hours of accrued vacation leave when entering the Plan and an additional eight (8) hours of accrued vacation leave each year thereafter. I do hereby certify in making this contribution, that Human Resources has permission to transfer eight (8) hours of my vacation leave and an additional eight (8) hours of vacation leave each year thereafter into the Vacation Leave Bank. I further understand that the contribution is nonrefundable and nontransferable as of the date the contribution is fully executed.</p>	
_____	_____
Signature of Applicant	Date

HUMAN RESOURCES USE ONLY		
_____ Approved	_____ Denied	Date and Time Received:
Reason for denial:		
_____		
_____		
_____	_____	
Human Resources Signature	Date	