

Employee last four digits of SSN _ _ _ _

**OPEN ENROLLMENT FOR
Catastrophic Leave Pool
Full-time employees only**

October 2 - October 29, 2021

Enrollment Form

Name: _____
First Middle Initial Last

Mailing Address: _____

Locality: _____
City/Town State Zip

Position: _____

Work Location: _____
Work Telephone

Email Address: _____

I have reviewed the catastrophic leave policy and regulation and I authorize the contribution of one (1) of my sick leave days to the catastrophic leave pool as a condition of enrollment.

Date

Signature

**Submit your completed Catastrophic Leave Pool enrollment form to
the HCPS Payroll Office by 4:30 p.m., October 29 2021.**