



Application for Membership in the Emergency Medical PTO Leave Bank

Name: _____

Department: _____ SSN (Last 4 Digits): _____

I, the undersigned employee, request membership in the BCC Employees' Emergency Medical PTO Leave Bank. I have read the eligibility requirements and rules governing the Emergency Medical PTO Leave Bank and its operation and am an eligible county employee. I subscribe to the rules of the Emergency Medical PTO Leave Bank, and understand that membership is voluntary and continuous until I request termination on the approved form or cannot meet eligibility requirements regarding contributions. I further acknowledge and agree that if I terminate employment or membership in the Emergency Medical PTO Leave Bank, any PTO leave contributed to the Bank shall be deemed forfeited to the Bank. I further acknowledge and agree that if the Emergency Medical PTO Leave Bank dissolves for any reason, the balance of PTO leave which has been contributed shall be divided equally among current members at the time of dissolution.

I request that the initial contribution of eight (8) hours of PTO leave be transferred from my leave balance to the Emergency Medical PTO Leave Bank, and authorize an additional contribution of PTO leave upon depletion of the Bank (not to exceed sixteen (16) hours in any one calendar year).

Employee Signature

Date

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

PTO Balance: _____ as of pay period ending _____
(Minimum balance required: 80 hours)

Date of full-time employment: _____