



VOLUNTARY EMERGENCY LEAVE PROGRAM PARTICIPATION REQUEST FORM – Local 1

I, _____ a permanent employee of the Contra Costa Community College District, hereby request to participate in the Voluntary Emergency Leave Program under the District adopted personnel procedures and affirm that I have read and understand the parameters set forth in those procedures. I agree to have participation begin on July 1, _____. I agree to automatically donate and have deducted one (1) day of the same type of leave each July 1 until I formally request to opt out of the program by notifying the District Office Human Resources Department no later than May 31st for changes effective that July 1 or am no longer employed by the District.

I hereby direct that the Contra Costa Community College District deduct one (1) day from my accumulated sick, vacation or personal catastrophic leave as indicated below.

Individual Voluntary Emergency Leave Program Coverage

Sick Leave Vacation Leave Personal Catastrophic Leave

I hereby direct the Contra Costa Community College District to deduct one (1) day from my accumulated sick or vacation leave as indicated below.

Family Voluntary Emergency Leave Program Coverage

Individual coverage is required to participate in family voluntary emergency leave program coverage

Sick Leave Vacation Leave Personal Catastrophic Leave Decline

End Participation in Voluntary Emergency Leave Program

I hereby direct the Contra Costa Community College District to remove me from the Voluntary Emergency Leave Program effective July 1, _____.

Employee Name

Employee ID Number

Employee Signature

Date

A "day" shall be defined as the employee's normal, regular service day at the point of donation or usage. Changes in months of service and/or hours worked per week shall not be factored in donation or usage.

<i>For District Human Resources Use Only</i>	
Date Received:	Received By: