PLAN NUMBER: | | | | | | |

RETIREMENT HEALTH SAVINGS PLAN
IRREVOCABLE ELECTION OF LEAVE
FOR CALENDAR YEAR 2007
Enrollment Period November 1 thru 30, 2006

Completed form must be signed by November 30, 2006 and received in the Human Resources Department by close of the next business day

LAST NAME:

FIRST NAME:

SOCIAL SECURITY NO:

DEPARTMENT:

JOB CLASS:

EXTENSION:

I elect to make the following leave contributions to my Retirement Health Savings Plan. I understand that this election of leave is irrevocable and is for hours earned prospectively during calendar year 2007. I further understand that leave hours elected will be converted to cash at my base hourly rate and deposited into my account on a pre-tax basis. I hereby designate the following hours per bi-weekly pay period for deposit into my Retirement Health Savings Plan for calendar year 2007:

Sick Leave Hours ☐ Vacation Hours ☐ Paid Leave Hours ☐

Employee Signature_____ Date: _____

**********HRD USE **********
Eligibility verified and posted: (Date and Initial)

Sick Leave Hours _____ Vacation Hours _____ Paid Leave Hours _____