

**COUNTY OF YOLO  
Catastrophic Leave Bank Program**

**LIABILITY AGREEMENT**

**ACCEPTANCE**

I have read and understand and accept as binding the rules and regulations of the Catastrophic Leave Bank Program.

\_\_\_\_\_  
Signature of Employee or Designee

\_\_\_\_\_  
Date

**FORFEITURE OF BENEFITS**

I understand that I will forfeit the benefits of the Catastrophic Leave Bank Program by:

- a. Resignation or termination of employment with the County of Yolo.
- b. Any fraud or misrepresentations of facts in making application for benefits from the Catastrophic Leave Bank Program.
- c. Resolution or cessation of the medical condition that allowed my participation in the Catastrophic Leave Bank Program.

I understand that alleged abuse of the Catastrophic Leave Bank Program shall be investigated, and, on a finding of wrong-doing, I shall repay all of the leave hours drawn from the program and shall be subject to such other disciplinary action as is determined by the County of Yolo.

\_\_\_\_\_  
Signature of Employee or Designee

\_\_\_\_\_  
Date

**RELEASE FROM LIABILITY**

I understand that the Catastrophic Leave Bank Committee is not an agency, board or other subdivision of the County of Yolo. The Committee's recommendations are not subject to grievance, arbitration or litigation.

\_\_\_\_\_  
Signature of Employee or Designee

\_\_\_\_\_  
Date