



**Harris County Emergency Corps
Employee Emergency Assistance Program
Cancellation/Cash Out Form**



I wish to cash out and cancel my participation in the HCEC EEAP. I understand that once I decline or cancel my participation that I will no longer be eligible to participate in the program for the duration of my employment with HCEC.

Employee Information

First Name

MI

Last Name

Employee: _____ Date _____

Signature