



Department of Transformation and Shared Services  
 Office of Personnel Management  
**Catastrophic Leave 80-Hour Waiver Determination**

<b>Employee Name (Last, First, Middle Initial)</b>		<b>Personnel Number</b>	<b>Application Date</b>
<input type="checkbox"/> Had during the previous one (1) year period, the same or another medically documented illness or injury that was not compensated under an approved Catastrophic Leave Bank Program, but was documented under the Family and Medical Leave Act (FMLA) as a qualifying event, and caused the exhaustion of all sick and annual leave  <input type="checkbox"/> Had during the previous one (1) year period, exhausted his or her sick and annual leave as a direct result of supplementing workers' compensation benefits, which were received as a result of an on-the-job illness or injury with the State of Arkansas		<b>Provide additional information (attach additional pages if necessary):</b>	
<b>HR Official Name</b>		<b>HR Official Signature</b>	<b>Date</b>
<b>Secretary Decision</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
<b>Secretary/Designee Signature</b>		<b>If Designee, Print Name and Title</b>	<b>Date</b>