



Department of Shared Administrative Services
 Office of Personnel Management
Catastrophic Leave 80-Hour Waiver Determination

Employee Name (Last, First, Middle Initial)		Personnel Number	Application Date
<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		Provide additional information (attach additional pages if necessary): 	
HR Official Name		HR Official Signature	Date
Secretary Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Secretary/Designee Signature		If Designee, Print Name and Title	Date