



Department of Shared Administrative Services  
Office of Personnel Management

## Catastrophic Leave Application for Death of Immediate Family Member

OPM Case #

**Instructions:** Complete this form to apply for catastrophic leave for the death of an immediate family member. Type or print legibly.  
The completed application must be submitted to your supervisor.

**Note:** The award of catastrophic leave for death of an immediate family member is contingent upon the employee's eligibility and the availability of donated leave in the OPM Catastrophic Leave Bank. Authorized by A.C.A. §§ 21-4-203, 21-4-214 and SAS-OPM Policy 47.

### Part I – Employee's Information: (To be completed by employee.)

Department Name

Business Area

Employee's Name

Personnel Number

Work Phone

Home/Cell Phone

Email

I am requesting catastrophic leave due to the death of my immediate family member.

**Immediate Family Member** means Father, Mother, Sister, Brother, Husband, Wife, Child, Grandmother, Grandfather, Grandchild, Mother-in-law, Father-in-law, or any individual acting as parent or legal guardian of the employee.

**Child** means a biological child, unborn child, stepchild, adoptive child, or child in foster care who has been placed in the employee's home.

**Name of the Immediate Family Member**

**Date of Death**

**Relationship to Employee**

#### I understand and certify the following:

- I have been employed with state government for at least one (1) year in a regular, full-time or part-time position.
- I am not required to exhaust my accrued leave before being granted catastrophic leave for the death of an immediate family member.
- Any leave accrued during the time I am receiving catastrophic leave will be removed and reflected as catastrophic leave.
- I may be granted up to forty (40) hours of catastrophic leave with pay within the first four (4) weeks after the death of my immediate family member.
- After the expiration of catastrophic leave, I may request to use my accrued leave for any additional time off work.
- I will forfeit the remaining catastrophic leave benefits if I terminate my employment or my employment is terminated.
- Catastrophic leave will run concurrently with the Family and Medical Leave Act (FMLA), if eligible.
- If verified abuse, misrepresentation, or fraud is found, I shall repay all of the leave hours awarded from the OPM Catastrophic Leave Bank and may be subject to disciplinary action up to and including termination.
- Any unused catastrophic leave will be returned to the OPM Catastrophic Leave Bank.
- I consent to the encrypted electronic distribution of this document within and outside the agency for the purpose of completion, consideration, and determination by my agency and SAS-OPM.

Employee's Signature

Date

### Part II – Supervisor Verification: (To be completed by employee's supervisor.)

I have reviewed the application and acknowledge the employee is eligible for catastrophic leave benefits.

Supervisor's Name

Signature

Date