



Department of Shared Administrative Services
Office of Personnel Management
Catastrophic Leave Application for Maternity Purposes

OPM Case #

Instructions: Complete this form to apply for catastrophic leave for maternity purposes. Type or print legibly.

The completed application must be submitted to your supervisor.

Note: The award of catastrophic leave for maternity purposes 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, 21-4-209, 21-4-214 and OPM Policy 47.

Part I – Employee's Information: (To be completed by employee or designee on the employee's behalf.)

Department Name

Business Area

Employee's Name

Personnel Number

Work Phone

Home/Cell Phone

Email

Home Address

City/State/Zip

I am requesting catastrophic leave for maternity purposes due to:

The birth of my biological child. (Must provide agency acceptable proof of date of birth)

The placement of an adoptive child under one year of age in my home. (Must provide agency acceptable proof of placement date)

The placement of a child in foster care under one year of age in my home. (Must provide agency acceptable proof of placement date)

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 maternity purposes.
- I will not accrue annual or sick leave while receiving catastrophic leave for the maternity purpose stated above.
- Any birthday or holiday leave accrued during the time I am receiving catastrophic leave will be removed and reflected as catastrophic leave.
- I may be granted up to twelve (12) consecutive weeks of catastrophic leave with pay within the first twelve (12) weeks after one of the qualifying purposes state above.
- After the expiration of catastrophic leave, maternity leave is treated as any other leave for sickness or disability per A.C.A. § 21-4-209.
- 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/Designee's Signature

If Designee, state relationship

Date

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

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

Supervisor's Name

Signature

Date