



Department of Transformation and Shared Services
 Office of Personnel Management
Catastrophic Leave Maternity Eligibility Date Verification

OPM Case #

Instructions: Complete this form to verify an employee's eligibility date for maternity purposes with regard to the date of birth of the employee's biological child or the placement date of an adoptive child in the employee's home. Authorized by ACA §§ 21-4-203, 21-4-209, 21-4-214 and TSS-OPM Policy 47.

Part I - Human Resource Verification: (To be completed by the agency human resources officer or designee.)

Department Name		Business Area
Employee's Name		Personnel Number
Job Title		Pay Grade
Position #	Class Code	Career Service Date
Regular Position?	Yes No	% of working time / # weekly work hours _____ / _____

The employee requested catastrophic leave for maternity purposes for

The birth of the employee's biological child	Date of Birth
The placement of an adoptive child in the employee's home	Date of Placement
The placement of a child in foster care in the employee's home	Date of Placement

The employee provided the following proof of the birth or placement: (Retain a copy of the proof for department records)

The employee requested catastrophic leave for maternity purposes for the following dates:

Beginning date	Ending Date	Total Hours
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Will FMLA benefits run concurrently? Yes No
 If no, explain

HR Officer's/Designee's Name	Job Title
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Signature	Date
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Part II – Department Secretary or Designee Verification

I certify that the employee's application for catastrophic leave for the designated maternity purposes is appropriate and the information provided is complete and correct.

Secretary's/Designee's Signature	Date
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