



Department of Shared Administrative Services

Office of Personnel Management

Catastrophic Leave Maternity / Bereavement Eligibility Date Verification

OPM Case #

Instructions: Complete this form to verify an employee's eligibility date 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 (maternity purposes) or the death of an immediate family member (bereavement purposes). Authorized by ACA §§ 21-4-203, 21-4-209, 21-4-214 and 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

Grade

Hourly Rate

Position #

Class Code

Career Service Date

Regular Position? Yes No % of working time / # weekly work hours _____ / _____

The employee requested catastrophic leave 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 death of an immediate family member (bereavement purposes)

Date of Death

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

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

Beginning date

Ending Date

Total Hours

Will FMLA benefits run concurrently?

Yes

No

If no, explain

HR Administrator's/Designee's Name

Job Title

Signature

Date

Part II – Department Secretary or Designee Verification

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

Secretary's/Designee's Signature

Date