



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
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Will FMLA benefits run concurrently? Yes No
If no, explain

HR Administrator'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 or bereavement purposes is appropriate and the information provided is complete and correct.

Secretary's/Designee's Signature	Date
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