



**Department of Finance and Administration - Office of Personnel Management
Catastrophic Leave Bank Program Application for Maternity Purposes
Eligibility Date Verification**

Authorized by ACA §§ 21-4-203, 21-4-209, 21-4-214

OPM Case # _____

Instructions: Please complete this form to verify an applicant's eligibility date for maternity purposes, if applicant did not provide an exact date and documentation on the original catastrophic leave application 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.

NOTE: The award of catastrophic leave for maternity purposes is based on the availability of donated leave within the OPM Catastrophic Leave Bank and the employee's eligibility for and compliance with law, policy and procedure.

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

Employee's Name (Last, First) _____

Personnel Number _____

Agency Number and Name _____

Work Phone _____

Type of catastrophic leave for maternity purposes requested:

1. The birth of the employee's biological child.

Date of Birth:

- a. Hospital announcement with the mother's name and/or biological child's name.
- b. Hospital discharge papers with the mother's name and the child's name.
- c. Birth certificate of the child.

2. The placement of an adoptive child in the employee's home.

Date of Placement:

- a. Document from the placement entity with mother's name and/or child's name.
- b. Legal guardianship papers with the mother's name and the child's name.

Documentation provided to support the maternity purpose above if different from the selections above:

Beginning date for catastrophic leave for maternity purposes

Ending Date

Total amount of catastrophic leave for maternity purposes _____

Agency Human Resources Officer's or Designee's
Name/Signature

Position Title

Work Phone

OPM Catastrophic Leave Bank
1509 West Seventh Street
DFA Building, Room 201
Little Rock, AR 72201

OPM Catastrophic Leave Bank
P.O. Box 3278
Little Rock, AR 72203-3278

Employee's Name (Last, First) _____

Personnel Number _____

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Part II - DFA OPM Catastrophic Leave Bank Program Confirmation of Eligibility Date Verification:

(To be completed by the DFA OPM Catastrophic Leave Bank Coordinator or designee.)

Date received Date reviewed Dates Approved to

DFA OPM Coordinator's or Designee's Name/Signature

Work Phone

Date

Part III - Record Keeping:

(To be completed by DFA OPM Catastrophic Leave Bank Coordinator or designee.)

Date recorded to file Date sent to applicant/agency Recorder's initials _____