

Catastrophic Leave Bank Application For Maternity Leave

Authorized by Act 182 of 2017 A.C.A. §21-4-214

Case #

Instructions: Complete this form to apply for Catastrophic Leave. Please type or print legibly. Attach all appropriate documentation to include the Physician's Certification for Catastrophic Leave and the Catastrophic Leave Bank (CLB) Liability Agreement. Present forms to Human Resources.

NOTE: The award of Catastrophic Leave is dependent upon its availability within the Catastrophic Leave Bank. The program does not create any expectation or promise of continued employment.

Part 1 - Applicant Information				
Name:				
Т#:		Date of Birth:	Phone:	
Department:		Position Title:	Position#:	
Class Code: Hourly		y Rate of Pay:		Pay Grade:
Dates Requesting Leave (4 weeks max.):				
Will you have Leave Without Pay: Yes No (Please Circle One) If yes, contact payroll prior to going out on leave.				
Applicant Certification				
1. I am a female, non-faculty, full-time employee.				
2. I have been employed by ATU full-time for more than 1 year.				
3. I have provided medical certification. If you have submitted FMLA certification, that will be sufficient.				
4. I have not been disciplined for leave abuse in the last two years.				
5. I understand that any holiday or leave accrued during this paid maternity leave will be returned to the Catastrophic Leave Bank.				
6. I also understand that due to payroll processing, Catastrophic Leave may not be available until the following pay period.				
Applicant Signature:				Date:
Part 2 – Supervisor Verification				
Has this employee received disciplinary action in the past two years: Yes No (Circle One)				
Position Title:				
Supervisor Signature:				Date:
Part 3 – Payroll/Human Resources Verification				
Total Hours Requested (should not exceed 160):				
Last Day Worked: Actual Begin Date:		End Date:		
Position Title of Timekeeper/Payroll Representative::				
Signature:				Date:
Full-Time Employee: Yes No (Please Circle One)				Hire Date:
Tech Service 1 year: Yes No (Please Circle One) If no, is there previous State Service? Dates/Years:				
Applicant meets all requirements to receive maternity leave pay from Catastrophic Leave Bank: Yes No (Please Circle One)				
Position Title of Human Resources Representative:				
Signature:				Date:
Part 4 – Recommendation and Review				
Approved Denied (Please Circle One)				
HR Director/VP Signature:				Date: