



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.

Form with sections: Part 1 - Applicant Information, Applicant Certification, Part 2 - Supervisor Verification, Part 3 - Payroll/Human Resources Verification, Part 4 - Recommendation and Review. Includes fields for Name, T#, Date of Birth, Phone, Department, Position Title, Position#, Class Code, Hourly Rate of Pay, Pay Grade, Dates Requesting Leave, Will you have Leave Without Pay, Applicant Signature, Date, Supervisor Signature, Date, Total Hours Requested, Last Day Worked, Actual Begin Date, End Date, Position Title of Timekeeper/Payroll Representative, Signature, Date, Full-Time Employee, Hire Date, Tech Service 1 year, Dates/Years, Applicant meets all requirements to receive maternity leave pay from Catastrophic Leave Bank, Position Title of Human Resources Representative, Signature, Date, Approved Denied (Please Circle One), HR Director/VP Signature, Date.