



**Department of Transformation and Shared Services - 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

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