



Department of Transformation and Shared Services
 Office of Personnel Management
Catastrophic Leave Maternity Eligibility Date Verification

OPM Case #

Instructions: Complete this form to verify an employee's eligibility date 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. Authorized by ACA §§ 21-4-203, 21-4-209, 21-4-214 and TSS-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

Pay Grade

Position #

Class Code

Career Service Date

Full-time?

Yes

No

The employee requested catastrophic leave for maternity purposes 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 employee provided the following proof of the birth or placement: (Retain a copy of the proof for department records)

The employee requested catastrophic leave for maternity purposes for the following dates:

Beginning date

Ending Date

Total Hours Awarded

Will FMLA benefits run concurrently?

If no, explain

Yes

No

HR Officer's/Designee's Name

Job Title

Signature

Date

Part II – Department Secretary or Designee Verification

I certify that the employee's application for catastrophic leave for the designated maternity purposes is appropriate and the information provided is complete and correct.

Secretary's/Designee's Signature

Date