

Department of Transformation and Shared Services Office of Personnel Management Catastrophic Leave Application for Medical Emergency

OPM Case #	OPM Case #	
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<u>Instructions</u>: Please complete this form to apply for catastrophic leave for a medical emergency due to illness/injury. Type or print legibly and attach all required documentation. Provide the completed application and applicable requirement to your supervisor.

Note: The award of catastrophic leave for medical emergency 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. Authorized by A.C.A. §§ 21-4-203 and 21-4-214 and TSS-OPM Policy 47.

Part I - Applicat	ion and Ce	ertification: (To be comp	pleted by employee or designee.)		
Department Nan	ne			Business Area	
Employee Name				Personnel Number	er
Work Phone		Home/C	Cell Phone	Email	
Home Address			City/State/Zip		
Name of Patient			Relationship to Patient	Patient's	date of birth
I certify (Check	the appropr	iate response for each st	tatement.)		
Yes	No	1. I am requesting c	atastrophic leave for a medical em	nergency as stated on the F	Physician's Certification.
Yes	No	2. I have/will have e	xhausted all paid accrued leave be	efore using approved catas	strophic leave.
Yes	No	3. I expect to be abs	sent from work without paid leave	due to the medical emerge	ncy.
Yes	No		nours of combined sick and annual ad documentation to request an ex		
Yes	No	5. I am eligible for re	etirement or social security disabili	ty benefits.	
Yes	No	6. I have applied for	retirement benefits. Date of applic	cation:	
Yes	No	7. I have applied for	social security/social security disa	ibility benefits. Date of app	lication:
Yes	No	8. I am receiving so	cial security/social security disabili	ty benefits. Date benefits b	pegan:
 I have beer I will not ac month. If, during the reflected as Any unused I will forfeit I will complete ave hours I will have reflegible. The recommarbitration of I consent to 	e period the catastroph d catastroph the catastroph the catastroph awarded namy approvemendations or litigation.	I or sick leave while receive employee is in a catastratic leave. In a catastratic leave for the medical ophic leave benefits if I terrovisions of law, policy and the OPM Catastratic catastrophic leave due of the OPM Catastrophic ded electronic distribution	or at least one (1) year in a regular, iving catastrophic leave for the me rophic leave status, any birthday or emergency stated above shall be reminate my employment or my employment or my employment or my employment can be subject to illness/injury run concurrently we calculate the committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of this document within and outsing TSS-OPM and the Catastrophic Leave Committee or the State Permin of the State Permin	r holiday leave is accrued, returned to the OPM Catas aployment is terminated. Serepresentation or fraud is to disciplinary action up to with the Family and Medical ersonnel Administrator are adde the agency for the purp	it will be removed and strophic Leave Bank. found, I shall repay all of the and including termination. Leave Act (FMLA) provisions not subject to grievance,
Employee's/Design	ınga's Signat	IIIA		tate Relationship	Date



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Employee's Name	Per	sonnel Number		
Part II - Supervisory Verification: (To be completed by From the date of this application, the employee has the last one (1) year period.		rvisor.) received a documented d	isciplinary action for le	eave abuse during
Agency Supervisor's Name/Signature	Position ²	Title	Work Phone	Date
Part III - Human Resources Verification: (To be	completed by the agenc	y human resources officer	or designee.)	
Position Title	Class Code	Pay Grade	Position #	
Regular Yes No Hourly Rate of	Pay	Career Service Date		
Latest Hire Date	ast Day Worked	% of working # weekly wo		1
Date employee will begin Leave Without Pay (LW	OP)	•	leave hours requested	
Beginning Date of Approved Catastrophic Leave	E	xpected ending date of Ap	proved Catastrophic L	.eave
- Will the Catastrophic Leave be used intermittently				
Catastrophic Leave for Illness/Injury Benefits: If yes, how many hours were awarded/used by the Workers' Compensation Benefits: Yes If yes, what is the status of the application?	e applicant? No Applicant applicant applicant period.	pplicant applied for catastrast one (1) year period / plied for/received Workers'	Compensation during	the past one (1)
Date Worker's Comp began	☐ Applied Expected □		proved	·u
Amount of workers' comp weekly benefits	•	rate of pay on date of accid	dent?	
In conjunction with workers' comp benefits, how n FMLA: Has the applicant applied for family and m with FMLA leave? Yes No If no, explain:			nergency are needed roved catastrophic lea	
Name and Signature of HR Official or Designee	Position	Title	Nork Phone	Date
Part IV - Department Secretary or Designee Ve	rification:			
I certify the employee's application for catastrophic documentation provided by the agency is complet		emergency is appropriate	and the information a	nd supporting
Signature of Agency Director or Designee	If Design	ee, State Title	 Date	