

**U of A System Division of Agriculture Catastrophic Leave Bank Program
 Application for Parental Purposes (Block of Time)**

Please Type or Print Legibly

Instructions: Complete this form to apply for Catastrophic Leave for Parental Purposes. Provide the completed application, along with all appropriate documentation to the Human Resources Office. Refer to the Catastrophic Leave Bank Program Policy for additional information. NOTE: If two employees are parents requesting leave, the four (4) weeks of parental leave must be shared between the two employees.	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.
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Part I - Application and Certification *(To be completed by applicant or designee on his/her behalf).*

Employee Name (Last, First, Middle Initial)		Work Location	
Work Phone Number	Work Fax Number	Home Phone Number	Birthday: Day/Mo./Yr.
Supervisor's Name:			
Amount of Catastrophic Leave Requested for Parental Purposes (NOT TO EXCEED FOUR WEEKS)			
Beginning Date:		Expected Ending Date:	

Certification: (Check the appropriate box.)

I certify I am requesting catastrophic leave for parental purposes due to:

1. The birth of my biological child. (Applicant must provide acceptable proof of actual date of birth.)
2. The placement of an adoptive child in my home. (Applicant must provide acceptable proof of placement date.)

I understand and agree with the following:

- I have been employed with the University of Arkansas System for at least one (1) year in a regular, full-time (100%) position.
- I am not required to exhaust annual or sick leave before being granted catastrophic leave for the parental purpose stated above.
- While on catastrophic leave for parental purpose, all my accrued annual and sick leave will be returned to the Catastrophic Bank.
- I may be granted up to four (4) consecutive weeks of catastrophic leave with pay within the first twelve (12) weeks after the birth of my biological child or placement of an adoptive child in my home. If two employees are the parents of a child, the four (4) weeks must be shared by the two employees.
- I will forfeit the catastrophic leave benefits if I terminate my employment or my employment is terminated, or if there is any fraud or misrepresentation of facts in making application for leave from the Catastrophic Bank.
- I will have my approved catastrophic leave due to parental purposes run concurrently with the Family Medical Leave Act (FMLA) provisions, if eligible.

Signature of Employee Requesting Catastrophic Leave or Designee	If Designee, state your relationship to Requestor	Date
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Part II – Human Resources Verification

Full Time (100%) UASYS Employee for Minimum of One (1) Year <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee ID:		
Verification Documentation provided for parental purposes:			
<input type="checkbox"/> The birth of the employee's biological child. <input type="checkbox"/> Hospital birth certificate with employee's name and/or biological child's name <input type="checkbox"/> Hospital discharge papers with the employee's name and the child's name <input type="checkbox"/> Government-issued birth certificate of the child	<input type="checkbox"/> The placement of an adoptive child in the employee's home <input type="checkbox"/> Court document with employee's name, child's name and date of birth <input type="checkbox"/> Legal guardianship papers with the employee's name and date of birth		
Human Resource Official (Print)	Human Resource Official Signature	Phone Number	Date

Part III - Catastrophic Leave Committee Decision

Date Reviewed	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Length of Catastrophic Leave	
		Beginning Date:	Ending Date:
Signature of Catastrophic Leave Bank Committee Chair/Designee		**Date Signed:	
** Document submitted to Financial Services Payroll Representative by:		Date Submitted	

** Completed by HR

***Date may be different from date reviewed if Committee Chair signs at a later date.

Part IV - Payroll Verification

Current Balance (Dollar Value) in Catastrophic Leave Bank:	Latest Hire Date	Company Service Date	Duration Dates of Catastrophic Leave Request		Estimated Total Dollar Value and Number of Catastrophic Hours to be Used
			Beginning Date:	End Date:	
Signature of Payroll Officer		Position Title		Phone Number	
Worker's Compensation Status					
Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Amount of Worker's Compensation Weekly Benefits		Hourly Rate on Date of Accident		Hours of Catastrophic Leave Requested Weekly	
Date Worker's Compensation Commenced		Expected Duration		Date	
Signature of Payroll Officer		Position Title		Phone Number	