

**UAMS CATASTROPHIC LEAVE BANK PROGRAM  
DEPENDENT CHILD CERTIFICATION**

*Please Print*

**PART I – (Completed by Employee)**

I hereby certify that \_\_\_\_\_  
Name of Child

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Yes  No a. resides in my home at least 50% of the time  
 Yes  No b. receives at least 50% of support from me  
 Yes  No c. is a dependent child  
 Yes  No d. is a dependent on my Arkansas Income Tax  
if not claimed as a dependent – please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Arkansas Code 21-4-203 (4) states that "catastrophic illness" means a medical condition of an employee or of the spouse or parent of the employee or of a child of the employee which may be claimed as a dependent under the Arkansas Income Tax Act of 1929.*

I authorize the Arkansas Individual Income Tax Section to verify that the above child is claimed as a dependent on my Arkansas Individual Income Tax Return for the most recent tax year.

\_\_\_\_\_  
Employee Signature Date Social Security Number

Employee's Agency: UAMS  
C/o Human Resources  
4301 West Markham St., Slot 566  
Little Rock, Arkansas 72205 Fax Number: 501-686-5386

**For verification of dependent status, submit to: Arkansas Individual Income Tax Section,  
227 Ledbetter Building, Little Rock, Arkansas, 72201  
or FAX 501-682-7691.**

NOTE: If the child was acquired after the most current income tax filing, provide other proof, i.e., birth certificate, adoption order, etc. DFA does not need to complete. Attach these forms to the Catastrophic Leave Request and submit directly to the Office of Human Resource.

**PART II – (Completed by the Arkansas Individual Income Tax Section in advance)**

I hereby certify that the above listed child  was  was not listed as a dependent child of the employee for the most recent tax year.

\_\_\_\_\_  
Name and Title Date  
DFA-Revenue-Individual Income Tax Section