

**UAMS CATASTROPHIC LEAVE BANK PROGRAM  
LIABILITY AGREEMENT**

I, \_\_\_\_\_ have read and understand the rules and regulations of the Catastrophic Leave Bank Program. I understand that I will forfeit the benefits of the Catastrophic Leave Bank Program by:

- ❖ Resignation or termination of employment with UAMS and the State of Arkansas
- ❖ Any fraud or misrepresentation of facts in making application for leave form the Catastrophic Leave Bank Program

\_\_\_\_\_  
Employee Initials

I also understand that alleged abuse of the Catastrophic Leave Bank Program shall be investigated, and, on a finding of wrong-doing, I shall repay all of the leave hours drawn for the Catastrophic Leave Bank and shall be subject to such other disciplinary action as is determined by UAMS.

\_\_\_\_\_  
Employee Initials

I understand that the Catastrophic Leave Bank Committee is not an agency, board or other subdivision of the State of Arkansas. The Committee's decisions are not subject to grievance, arbitration or litigation. Committee action may be appealed only to the Office of Human Resources at UAMS.

\_\_\_\_\_  
Employee Initials

I am aware that my family and medical leave entitlement (FMLA) will run concurrently with my catastrophic leave time.

\_\_\_\_\_  
Employee Initials

I have read and understand the catastrophic leave policy.

\_\_\_\_\_  
Employee Initials

I have read and understand the statements above:

\_\_\_\_\_  
Signature of Recipient or Designee

\_\_\_\_\_  
Date