



**Department of Transformation
Office of Personnel Management
Catastrophic Leave Returned or Accrued Leave Transmittal Form**

Agency Name	Agency Number	CLB Case Number
Recipient Name	Personnel Number	Position Number
Number of hours of unused being returned: <input type="checkbox"/> Catastrophic Illness/Injury <input type="checkbox"/> Maternity	Date of return or termination of recipient	
Number of accrued leave hours being placed in the OPM Catastrophic Leave Bank	Time period covered by leave submitted	
Name of Timekeeper	Telephone Number	
Signature of Timekeeper	Date	

Total dollar value of returned and/or accrued leave

\$

Signature of HR Authority for Transaction	Date
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Note: This form is intended for use by agencies participating in the OPM Catastrophic Leave Bank Program to transmit annual or sick leave accrued by employees who are receiving catastrophic leave or to return any unused catastrophic leave to the Bank in the event that an employee approved to receive catastrophic leave returns to work earlier than expected, terminates, retires, or dies.

RETURN TO:

OPM Catastrophic Leave Bank
501 Woodlane, Suite 205
Little Rock, AR 72201