

AFC Unit _____

A71.400

**ARKANSAS FORESTRY COMMISSION
CATASTROPHIC LEAVE BANK PROGRAM
RELEASE FROM LIABILITY**

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 by:

- a. Resignation or termination of employment with the State of Arkansas.
- b. Any fraud or misrepresentation of facts in making application for leave from the CLB.

I understand that alleged abuse of the CLB shall be investigated, and, on a finding of wrongdoing, I shall repay all of the leave hours drawn from the CLB and shall be subject to such other disciplinary action as is determined by my agency director/institution head.

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 grievable, arbitrable or litigable, and its actions are appealable only to the agency director.

Employee Printed or Typed Name

Signature

Date