

ARKANSAS FORESTRY COMMISSION

CATASTROPHIC LEAVE BANK  
RETURNED OR ACCRUED LEAVE TRANSMITTAL FORM

AFC UNIT		CASE NUMBER	
Recipient Name & AASIS #		Social Security Number	Position Number
Number of Hours of Unused Catastrophic Leave Being Returned		Date of Return or Termination of Recipient	
Number of Hours Accrued Leave Being Placed in the AFC Catastrophic Leave Bank	Time Period Covered By Leave Submitted	Dollar Value of Leave	

Name of Timekeeper	Signature of Timekeeper
Telephone Number	Date

**Note:** This form is intended for use in the AFC Catastrophic Leave Bank Program to transmit sick or annual 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, expires, or retires.

**Return To:** Arkansas Forestry Commission  
Human Resources Administrator  
#1 Natural Resources Drive  
Little Rock, AR 72205