

# ARKANSAS STATE UNIVERSITY

## Catastrophic Leave Bank Program - Dependent Child Certification

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**Part I - To be completed by the Employee**

I hereby certify that:

\_\_\_\_\_  
Name of Child

Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- 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  Yes  No

e. 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. \*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee's A-State ID

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

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\* Provide a copy of the first page of your Arkansas Individual Income Tax Return.