

University of Arkansas, Fayetteville Catastrophic Leave Bank Program Liability Agreement

I have read and understand the rules and regulations of the Catastrophic Leave Bank Program.

Forfeiture of Benefits

I understand that I will forfeit the benefits of the University of Arkansas, Fayetteville Leave Bank Program by:

- Resignation or end of employment with the State of Arkansas.
- Any fraud or misrepresentation of facts in making application for leave from the Catastrophic Leave Bank (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.

Release from Liability

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 Chancellor.

Signature of Recipient or Designee

Date