



University of Arkansas – Little Rock
Catastrophic Leave Bank Program
Dependent Child Certification

PART I – (Completed by Employee)

I hereby certify that \_\_\_\_\_ (Name of Child)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Yes No 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 (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.

I authorize the Arkansas Individual Income Tax Section to verify that the above child is claimed as a dependent on my Arkansas Individual Income Tax Return for the most recent tax year.

Employee Signature Date Social Security Number

Employer: University of Arkansas – Little Rock
Department of Human Resources
2801 S. University Avenue
Little Rock, Arkansas 72204
Fax Number: 501-569-3181

For verification of dependent status, submit to: Arkansas Individual Income Tax Section, 227 Ledbetter Building, Little Rock, Arkansas, 72201 or FAX 501-682-7691.

NOTE: If the child was acquired after the most current income tax filing, provide other proof, i.e., birth certificate, adoption order, etc. DFA does not need to complete. Attach these forms to the Catastrophic Leave Request and submit directly to the Department of Human Resources.

PART II – (Completed by the Arkansas Individual Income Tax Section in advance)

I hereby certify that the above listed child [ ] was [ ] was not listed as a dependent child of the employee for the most recent tax year.

Name and Title Date
DFA-Revenue-Individual Income Tax Section