

APPLICATION FOR EMERGENCY LEAVE BANK USE

(Article 26.13 ASEA/SOA Contract)

TO BE COMPLETED BY EMPLOYEE AND FORWARDED TO ASEA HEADQUARTERS: By mail to: ALASKA STATE EMPLOYEES ASSOCIATION, Attention: ELB, 2601 Denali Street, Anchorage, AK 99503; by fax 907-277-5206; or by e-mail: elb@afscmelocal52.org.

Must be Enrolled and a Member of the Emergency Leave Bank –

Name: _____

SSN/PCN: _____

Home Phone No. _____ Work Phone No. _____

Other Contact/Message Phone Numbers: _____

Home e-mail address: _____

Department: _____ Work Location: _____

PLEASE COMPLETE THE FOLLOWING attached any additional sheets as may be necessary.

1. (a) What is your current personal or annual leave balance? _____
 (b) If you are in the sick/annual system what is your current sick leave balance? _____
2. (a) Give date of commencement of illness or injury for which Emergency Leave Bank benefits are being requested. _____
 (b) Give date that applicant may returned to work after illness/injury. _____
3. Has the State placed you on FMLA or AFLA as a result of this emergency? Yes No
 (Please circle one)
4. Please briefly describe your emergency situation: _____

By signing this form I agree to allow representatives of ASEA to review the personnel files (including, but not limited too, medical records) applicable to this request.

Signature of Applicant

Date of Application

- Emergency is defined as a serious, unexpected situation that requires immediate attention. A situation that is either planned or anticipated is not an emergency. For purposes of the Emergency Leave Bank an emergency must meet the general FMLA guidelines (29 CFR 825) for a serious health condition.