

ASEA/AFSCME LOCAL 52, AFL-CIO

CATASTROPHIC LEAVE BANK APPLICATION

EMPLOYEE ID NUMBER: _____ DATE OF APPLICATION: _____

EMPLOYEE NAME: _____
Last First M.I.

MAILING ADDRESS: _____
City State Zip+4

HOME PHONE: _____ WORK PHONE _____

DATE OF HIRE: _____ JOB CLASS: _____

DEPARTMENT / DIVISION: _____ / _____

WORK LOCATION: _____

IS THIS A WORK-RELATED INJURY? _____ YES _____ NO _____

DATE OF ILLNESS: _____ FMLA: YES _____ NO _____ ALFA: YES _____ NO _____

MONTHS REQUESTED FOR: _____

LEAVE WITHOUT PAY: YES _____ NO _____

LEAVE BALANCES: SICK _____ ANNUAL _____ PERSONAL _____ DONATED _____

REASON FOR WITHDRAWAL: _____

_____ APPROVED HOURS APPROVED _____

_____ DENIED (REASON) _____

BY: _____ DATE: _____