

ASEA/AFSCME LOCAL 52, AFL-CIO

EMPLOYEE ID or PCN #:

Grid for Employee ID or PCN #

EMPLOYEE NAME:

Last

First

M.I.

MAILING ADDRESS

City

State

ZIP+4

HOME PHONE:

WORK PHONE:

DATE & TIME OF INCIDENT:

Incident date and time input fields

AM / PM (Circle One)

DATE & TIME OF APPLICATION*:

Application date and time input fields

AM / PM (Circle One)

* Must be submitted within 72 hours of incident

Number of Hours OFF Work due to Injury :

DEPARTMENT

DIVISION

WORKSITE LOCATION

JOB TITLE

IS THIS A WORK-RELATED INJURY PURSUANT TO ARTICLE 29?

YES or NO

REPORT OF OCCUPATIONAL INJURY# 07-6101 FILED & ATTACHED:

YES or NO

IF NOT, PLEASE EXPLAIN:

DESCRIPTION OF INCIDENT:

X SIGN HERE

Signature

Date

Please submit your completed application to ASEA/AFSCME Local 52, AFL-CIO Via Fax to (907)277-5206 or Mail to 1577 C Street, Suite 201, Anchorage AK 99501

INJURY LEAVE ACTION: (to be completed by ASEA/AFSCME Local 52 Headquarters-ANC)

REQUEST: APPROVED BY ASEA BUS. MANAGER: YES or NO Date

INFO ABOVE CONFIRMED BY STATE OF ALASKA: YES or NO Date

APPROVED - HOURS REQUESTED

HOURS APPROVED

DENIED (REASON):

BY: DATE: