

**ASEA/AFSCME LOCAL 52, AFL-CIO
INJURY LEAVE APPLICATION**

Employee ID Number:
(Position Control #)

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SHIFT: 7.5 Hours OR 10 Hours

EMPLOYEE NAME:

_____ Last

_____ First

_____ M.I.

MAILING ADDRESS

_____ City

_____ State

_____ ZIP+4

HOME PHONE: _____

WORK PHONE: _____

DATE & TIME OF INCIDENT:

____ / ____ / ____

_____ :

_____ AM / PM

(Circle One)

DATE & TIME OF APPLICATION*:

____ / ____ / ____

_____ :

_____ AM / PM

(Circle One)

* Must be submitted within 72 hours of incident

DEPARTMENT

DIVISION

JOB CLASS

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
It is the responsibility of the injured member to inform ASEA if they are out of work for more than 3 days.**

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: ____/____/____