

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

Number of hours worked in a week if different than below: Check correct box or check box and fill in hours

SHIFT:  7.5  8  10  12  12.5 Any other info on your position

SELECT WHICH POSITION DESCRIBES YOUR POSITION  Short-Term Non-Perm  Long-Term Non-Perm  On Call  Substitute  Part-Time Perm  FullTime Perm

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID NUMBER: \_\_\_\_\_  
•PLEASE PRINT• Last First M.I.

MAILING ADDRESS: \_\_\_\_\_  
•PLEASE PRINT• STREET/ P.O. BOX CITY STATE ZIP CODE

HOME PHONE / CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE & TIME OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_ AM  PM

DATE & TIME OF APPLICATION \_\_\_\_\_ AM  PM

**APPLICATIONS MUST BE SUBMITTED WITHIN 10 CALENDAR DAYS FROM INCIDENT**

DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_ JOB CLASS \_\_\_\_\_

IS THIS A WORK-RELATED INJURY PURSUANT TO ARTICLE 29?  YES  NO  
REPORT OF OCCUPATIONAL INJURY#07-6101 FILED & ATTACHED?  YES  NO  
IF NO PLEASE EXPLAIN:(MUST BE PROVIDED OTHERWISE CLAIM MAYBE DENIED) \_\_\_\_\_

**Please submit your completed application with a copy of EMPLOYEE REPORT OF OCCUPATIONAL INJURY to ASEA/AFSCME Local 52, AFC-CIO Via Fax to (907) 277-5206 or Mail to 2601 Denali Street, Anchorage, AK 99503**  
**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 EXEC. DIRECTOR:  YES or  NO

INFO ABOVE CONFIRMED BY STATE OF ALASKA:  YES or  NO

APPROVED - HOURS REQUESTED

HOURS APPROVED

DENIED (REASON) \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_