

## 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: \_\_\_\_\_

EID Number \_\_\_\_\_

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.