

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 Hours 8 Hours 10 Hours 12 Hours 12.5 Hours

Employee ID Number: _____

EMPLOYEE NAME: _____
Last First M.I.

MAILING ADDRESS: _____
Street / City State Zip Code

HOME PHONE: _____ WORK PHONE: _____

DATE & TIME OF INCIDENT: _____ TIME OF INCIDENT _____ AM / PM
(Check One)

DATE & TIME OF APPLICATION _____ AM / PM
(Check One)

APPLICATIONS MUST BE SUBMITTED WITHIN 10 CALENDAR DAYS FROM INCIDENT

DEPARTMENT	DIVISION	JOB CLASS
IS THIS A WORK-RELATED INJURY PURSUANT TO ARTICLE 29? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REPORT OF OCCUPATIONAL INJURY#07-6101 FILED & ATTACHED IF <input type="checkbox"/> YES <input type="checkbox"/> NO		
NOT, PLEASE EXPLAIN: (MUST BE PROVIDED OTHERWISE CLAIM MAYBE DENIED)		

DESCRIPTION OF INCIDENT: **(MUST BE PROVIDED OTHERWISE CLAIM MAYBE DENIED)**

Signature

Date

Please submit your completed application with a copy of EMPLOYEE REPORT OF OCCUPATIONAL INJURY to ASEA/AFSCME Local 5 2, 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 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:

DENIED (REASON) HOURS APPROVED

BY: _____

DATE: _____