

LTC APPLICATION FOR SOA EMERGENCY LEAVE BANK USE

(Reference: Article 19.10 LTC/SOA CBA 2024-2027)

To be completed by employee and sent to Public Employees Local 71 headquarters:

By mail: ELB, 2510 Arctic Blvd., Anchorage, AK 99503

By fax: 907-279-7171

By email: info@local71.com – Subject: ATTN: ELB Application



Applicant Must Be Enrolled & a Member of the LTC/SOA Emergency Leave Bank

Name: _____

EID Number: _____

Home Phone No.: _____ - _____ - _____ Work Phone No. : _____ - _____ - _____

Other Contact/Messages Phone Numbers: _____ - _____ - _____

Home e-mail address: _____

Department: _____

Work Location: _____

Please complete the following and attach a doctor's certification and 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) Start date of illness or injury for which ELB benefits are being requested. ____/____/____
(b) Date that applicant may return 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 Public Employees Local 71 to review the associated personnel files (including, but not limited to, medical records) applicable to this request.

Signature of Applicant

____/____/____

Date of Application

PLEASE NOTE: An emergency is a serious, unexpected situation requiring immediate attention. A situation that is either planned or anticipated is not an emergency. For purposes of the Bank, an emergency must meet the general FMLA guidelines for a serious health condition or qualify as a situation described in Section 19.2.B of the CBA.

- ☐ **Remember to attach a doctor's certification and any additional information.**
- ☐ **Remember to attach a copy of your most recent pay stub to verify leave balance**